991

IMPORTANT: This booklet contains significant new information for you if you are or will be covered by the health insurance program. Please read it carefully.

Federal Employees Health Benefits Program

1991 Enrollment Information Guide and Plan Comparison Chart

(1990 Open Season)

For CSRS/FERS Annuitants

Table of Contents

You Can Help....2
Medicare's Payment and Your Plan....2
Introduction....3
How to Be a Good Health Benefits Consumer....3
Identification Cards....4
Your Health Insurance Premium....4
Who Is Covered Under Your Enrollment....4
Types of Federal Employees Health Benefits Plans Available....4
General Information About Enrollment and Coverage....5
Definitions....6
Using the Plan Comparison Chart....8
Warning for Annuitants Considering Cancelling Their Enrollment....9
Plan Comparison Chart....10

ATTENTION ALL ENROLLEES

All fee-for-service plans in the FEHB Program impose a $500 penalty if you fail to obtain precertification of a hospital admission. Also, if you have Medicare Part B, neither you nor your FEHB Plan is liable for any physician's charge beyond Medicare's prevailing charge or limiting charge for a particular service. See **page 2** for details.

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You Can Help

You know that health care costs are increasing each year because those increases are reflected in your premiums. This year, the FEHB Program, like the majority of employer provided health insurance programs throughout the country, is asking you to make special efforts to be a responsible consumer of health care services.

For several years now, all FEHB prepaid plans and some of our fee-for-service plans have had cost containment measures in place. This year, we have asked all of the plans to include two specific provisions, preadmission certification and large case management, in their benefits package. Preadmission certification ensures that hospital admissions are medically necessary for the type of treatment you require and that your insurance pays only for the number of hospital days required to treat your condition. Large case management gives your plan the flexibility to determine, in consultation with you and your physician, what is the most cost effective way to provide services.

The preadmission certification provision makes you responsible for ensuring that the requirement is met. **You must check, or confirm that your doctor has checked, with your plan before being admitted to the hospital.** If that doesn't happen, there will be a $500 penalty. Be a responsible consumer. Be aware of your plan's cost containment provisions. Avoid penalties and help keep premiums under control by following the procedures specified in your plan's brochure.

Medicare's Payment and Your Plan

If you have Medicare Part B, you should be aware that a change in the Medicare law affects the amount FEHB plans will pay after Medicare has paid. Beginning January 1, 1991, Public Law 101-239 (the Omnibus Budget Reconciliation Act of 1989) prohibits nonparticipating Medicare physicians from charging more than a certain percentage in excess of Medicare's prevailing charge. This limit on nonparticipating Medicare physicians' charges for services covered by Medicare is called the "limiting charge." Because of this change in the Medicare law, neither you nor your FEHB plan is liable for any amount in excess of Medicare's limiting charge for charges of a nonparticipating Medicare physician. (If the physician accepts Medicare assignment for the claim, the physician will not charge -- and neither you nor your plan will be liable for -- more than Medicare's prevailing charge.) Consequently, beginning January 1, 1991, after Medicare pays its benefits, your plan will pay up to an amount which, when added to Medicare's payment, will constitute payment in full under Medicare's rules.

This revised limitation on plan payments is not a reduction of your benefits because physicians are prohibited by law from billing you for more than the amount specified by the Department of Health and Human Services as payment in full for services covered by Medicare.

If you have any questions or problems regarding the Medicare limiting charge, contact your Medicare carrier.

Introduction

The Federal Employees Health Benefits Program offers you a practical way to help meet the costs of health care. The Program provides:

- a choice of plans and options;
- a Government contribution toward the cost of your premium;
- immediate coverage from the date of enrollment without a medical examination or restrictions because of your age or physical condition;
- opportunity for conversion to nongroup coverage if your enrollment ends for any reason except voluntary cancellation;
- under certain circumstances, opportunity for temporary continuation of group coverage if a family member loses eligibility for coverage; and
- if certain conditions are met, continued protection for eligible family members after your death.

How To Be a Good Health Benefits Consumer

There are some things you can do to help assure that you and your family receive the right kind and quality of care at the right price.

The first thing you can do is to choose the health benefits plan that best meets your needs. The Federal Employees Health Benefits Program includes a variety of health benefits plans that take very different approaches to health care coverage. You may choose one of the traditional fee-for-service health benefits plans. In these plans, you are free to go to virtually any doctor or hospital of your choice and the provider will either bill the plan directly or give you the bill to forward to the plan for payment of covered services. Or you may choose one of the prepaid comprehensive medical plans that operate through a group of affiliated doctors and hospitals in designated locations. In these plans, most of your covered services are prepaid by your premium and are available only from the affiliated providers. You must live in a plan's enrollment area.

In deciding which type of plan to choose, you should consider the following:

- the coverage offered by each type of plan;
- the cost of each plan, *i.e.*, your premium and out-of-pocket costs for services covered only in part or not at all; and
- the accessibility of health care services.

Before you make a final decision, be sure to review the official brochures for those plans in which you are interested.

The next thing you can do is to see that you and your covered family members use health care services wisely. Always include the subject of costs in any discussions with the providers of service. Remember that you must pay any amounts charged by a provider which the plan you have chosen does not pay. For instance, you are responsible for deductibles, coinsurance and copayments, as well as the amount a provider may charge above the reasonable and customary charge or scheduled allowance for a particular service (see "Definitions" in this booklet for an explanation of these terms). Also, keep in mind that approximately one-third of the claim disputes in the FEHB Program concern the amount paid by the plans. You can avoid these types of claim disputes by (1) checking with the provider of service to be sure the plan was billed correctly, *e.g.*, was the proper procedure code(s) used, were complications correctly indicated on the billing or operative report, etc.; and (2) being mindful that the plan determines and controls the reasonable and customary charges based on available information.

Another very important thing you can do to assure quality care at the right price for you and your family is to observe the cost containment provisions your plan has established. These provisions are explained in the plan brochure and two of them -- preadmission certification and large case management -- are highlighted in this booklet (see "You Can Help" on page 2). Be sure to note that if you fail to obtain preadmission certification you will be penalized $500.

With the introduction of utilization control features in all of the fee-for-service plans and the continued implementation of controls in the prepaid plans, we expect positive results in our cooperative effort with you to control premium increases.

Identification Cards

Once you have made your choice, your plan is responsible for issuing you an identification card after the plan has been notified of your enrollment or enrollment change. IT MAY TAKE UP TO 3 MONTHS BEFORE YOU RECEIVE YOUR ID CARD. PLEASE DO NOT ASK THE OFFICE OF PERSONNEL MANAGEMENT TO SEND YOU AN ID CARD. WE DO NOT ISSUE IT. **Should you or your family require medical attention before your new identification card arrives, you may use the confirmation letter we send you as proof of your new coverage.**

Your Health Insurance Premium

You and the Government share the cost of your premium. For 1991, the maximum monthly Government contribution is $126.73 for a self only and $272.57 for family.

You pay the remainder of premium costs. The premium costs on the Comparison Chart in this booklet show your share only -- the amount you must pay, which will be withheld from your annuity checks.

Who Is Covered Under Your Enrollment

- **Self only enrollment** -- A self only enrollment provides benefits just for you -- the enrollee.

- **Self and family enrollment** -- A self and family enrollment provides benefits for you, your spouse, and your unmarried dependent children under 22 years old. In some cases, a disabled child who is 22 years old or older is eligible for coverage if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday. In such cases, you should ask OPM about the documentation required.

  Children covered by your enrollment include your legally adopted children and recognized children born out of wedlock; and stepchildren or foster children, if they live with you in a regular parent-child relationship and you meet certain other requirements. Ask OPM for details about these requirements. Children whose marriage ends before they reach age 22 become eligible for coverage from the date the marriage ends until they reach age 22.

  Other relatives -- for example, your parents or grandchildren (unless a foster parent-child relationship exists) -- are not eligible for coverage even though they live with you and are dependent upon you.

  To provide coverage for a new eligible family member, you must elect, or change to, a self and family enrollment.

Types of Federal Employees Health Benefits Plans Available

Two basic types of health benefits plans are available to you under the Federal Employees Health Benefits Program:

Fee-for-Service Plans -- These plans reimburse you or the health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers.

Fee-for-service plans include the Blue Cross and Blue Shield Service Benefit Plan and plans sponsored by unions and other employee organizations. The Service Benefit Plan is open to all annuitants and survivors. Some employee organization plans are open to all annuitants and survivors through full or associate memberships in the organizations that sponsor the plans; the other employee organization plans are restricted to annuitants and survivors who are full members of the sponsoring organizations. (See the union and other employee organization plan brochures for information about membership and membership fees, which are **in addition** to your monthly premiums. The membership fees are **not** part of the Federal Employees Health Benefits Program.)

Prepaid Plans -- These are the Comprehensive Medical Plans/Health Maintenance Organizations (CMP/HMOs) that provide or arrange for health care by **designated** plan physicians, hospitals, and other providers in particular locations. CMP/HMOs pay all providers through salaries or other payment arrangements. You pay any required cost-sharing amounts, *e.g.*, copayments for doctor's office visits.

Comprehensive Medical Plans/Health Maintenance Organizations are either Group Practice Plans, Individual Practice Plans or a combination of both (called Mixed Model Plans). Group Practice Plans provide care through a group of

physicians who practice at medical centers operated by or under contract to the plans. Individual Practice Plans provide care through participating plan physicians who practice in their own offices. The plans arrange hospital and other care not available in centers and offices when necessary.

Each CMP/HMO is open to all annuitants and survivors who live within the plan's enrollment area. Since you cannot enroll in a CMP/HMO if you live outside its enrollment area, refer to the plan's brochure if you have any questions about the enrollment area.

General Information About Enrollment and Coverage

Dual Enrollment
Normally, you may not be covered as an annuitant or survivor under your own enrollment and as a family member under someone else's enrollment in the Federal Employees Health Benefits Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Protect the interests of children who otherwise would lose coverage as family members, or
- Enable an employee who is under age 22 and covered under a parent's enrollment and becomes the parent of a child to enroll for self and family coverage.

No person (annuitant, survivor or family member) is entitled to receive benefits under more than one enrollment in the Program.

Temporary Continuation of Coverage
In certain cases, a child who loses eligibility for coverage and a former spouse who is not eligible to enroll in the Federal Employees Health Benefits Program under the Spouse Equity law or similar statutes, on or after January 1, 1990, may qualify for temporary continuation of coverage. Their temporary coverage continues for up to 36 months after the qualifying event occurs, *e.g.*, child reaches age 22 or divorce; and they must pay the total premium plus a charge for administrative expenses of 2% of the total premium. There is no Government contribution. When their temporary continuation of coverage ends (except by cancellation or nonpayment of premiums), child and former spouse enrollees are entitled to a 31-day extension of coverage for conversion to nongroup coverage.

Notification and Election Requirements:

Your retirement system must be notified when a child or former spouse becomes eligible to temporarily continue coverage. For a child, you must notify the retirement system within 60 days after the qualifying event occurs. For a former spouse, you or the former spouse must notify the retirement system within 60 days after the former spouse's change in status, *e.g.*, former spouse remarries before reaching age 55. The retirement system then notifies the child or the former spouse of his or her rights under temporary continuation of coverage. If a child wants continued coverage, he or she must elect it within 60 days after the date of the qualifying event (or after receiving the notice, if later). If a former spouse wants continued coverage, he or she must make the election within 60 days after any of the following events, whichever is later:

The date of the qualifying event;

The date he or she loses coverage as an enrolled former spouse because of remarriage or loss of qualifying court order; or

The date he or she receives the notice.

Important: If the retirement system is not notified of a child or former spouse's eligibility for temporary continuation of coverage within the 60-day time limit, the opportunity to elect continued coverage ends 60 days after the qualifying event, in the case of a child; and 60 days after the change in status, in the case of a former spouse.

The law requires the effective date of the temporary continuation of coverage to be the day after the 31-day extension of coverage the child or former spouse received when his or her eligibility for coverage ended; or, in the case of a former spouse, the date of the qualifying event, if later. Because the effective date of continued coverage cannot be changed, the first payment may cover several installments.

Cancellation of Enrollment
You may voluntarily cancel your enrollment at any time. However, once your cancellation takes effect, you may

reenroll only under certain circumstances. See page 9 for more information regarding cancellation and the limited circumstances which allow reenrollment.

Your retirement system can give you details about the above enrollment and coverage information.

Definitions

Insurance is a fairly complex subject and the technical terms and details about benefits may be difficult to understand. The following terms, which have special meaning in the health care field, have been defined, as much as possible, in everyday English to help you understand the benefits coverage and limitations of the various plans in the Federal Employees Health Benefits Program:

Brochure -- the booklet showing the complete details of a plan's benefits, limitations (or limited benefits), exclusions, and definitions. The brochure is a plan's contractual statement of benefits.

Case Management (or Large Case Management) -- the monitoring of a patient with a major illness to assure that the type of services provided is appropriate and cost effective.

Catastrophic Limit -- a benefit feature to limit the amount you would have to pay in a calendar year if you or your family incurred large and unusual medical bills. The catastrophic limit is the maximum amount of **covered** expenses you would have to pay out of your own pocket during the year for yourself and your family. There are separate catastrophic limits for medical-surgical expenses and inpatient care for mental conditions. The limits apply to your coinsurance payments. Depending on the plan, these limits may also include any copayments and the calendar year, inpatient and mental health deductibles you pay. **Please refer to the brochures for the plans in which you are interested.** (See definitions of coinsurance and copayment below.)

Coinsurance -- the fixed percentage of covered charges you must pay after any deductible has been subtracted. For example, if a plan pays 80 percent of covered charges (after applying any deductible), you would be responsible for the deductible and the 20 percent balance.

Copayment -- a fixed dollar amount you must pay for a service or benefit provided by a plan. For example, some prepaid plans (CMP/HMOs) charge a copayment of $50 or more per hospital admission or $5 or more for a doctor's visit.

Covered Charges -- the amount of your expenses for medical care that is covered by a plan. An expense that is not a covered charge cannot be used to satisfy the plan's deductible. Often a plan includes as covered charges only an amount specified in a scheduled allowance or based on a reasonable and customary profile. See the plan brochures to find out how covered charges are determined. Covered charges do not include expenses for nonmedical items related to an illness or injury or for specific items excluded by the plan.

Deductible -- the amount of covered charges you must pay before the plan pays benefits, *e.g.*, calendar year deductible and inpatient hospital deductible. Generally, no more than two or three family members must meet the calendar year deductible. However, some plans have a family calendar year deductible, which can be met by any or all of those covered.

Dental Care -- coverage may include routine diagnostic and preventive services and one or more of the following treatment services: restorative, crown and bridge, endodontic, oral surgery, periodontal, prosthetic and orthodontic. Some prepaid plans (CMP/HMOs) limit coverage to preventive services for children. **Please refer to plan brochures for an explanation of covered services, exclusions, and limitations.**

Enrollment Area -- the geographic area within which a prepaid plan (CMP/HMO) enrolls members. To be eligible to enroll in a CMP/HMO, you must live within this area. The plan brochure identifies the enrollment area.

Exclusions -- charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply towards deductibles or catastrophic limits.

Extended Care Facility -- an institution that furnishes, in lieu of hospitalization, room and board and medically prescribed skilled nursing care 24 hours a day by an organized medical staff; and is not, other than incidentally, a place for rest, the aged, drug addicts, alcoholics or domiciliary care.

Home Health Care -- medically supervised care and treatment in the home of a patient whose physician certifies that, without such care, confinement in a hospital or extended care facility would be required. Typically, care and treatment are provided in accordance with an approved home health care plan and must begin within a specified period of time after discharge from a hospital.

Home Nursing Care -- skilled care in the home provided by a registered nurse (R.N.), licensed practical nurse (L.P.N.), or licensed vocational nurse (L.V.N.). The care generally must be ordered by a physician; is usually limited to a specified number of hours per day and visits per year; and does not include homemaking services of any kind.

Hospice Care -- a coordinated program of home and/or inpatient palliative and supportive care for a terminally ill patient and the patient's family provided by a medically supervised specialized team under the direction of a licensed or certified hospice care facility or agency.

Inpatient Services -- the care provided to you while you are a bedpatient in a covered facility.

Limitations (or Limited Benefits) -- statements in the brochure showing services or supplies that are not fully covered; only partially paid for by a plan; or covered only if the service or supply provided meets certain specified criteria, *e.g.*, preadmission testing within 72 hours of surgery.

Maternity Care -- prenatal and postnatal care and delivery by a covered hospital, physician, or other covered practitioner, including, in many cases, nurse midwives. The plan brochure will specify coverage for nurse midwives. Plans generally pay for maternity care the same as for other covered inpatient and outpatient services.

Mental Conditions/Substance Abuse -- conditions and diseases listed in the most recent edition of the International Classification of Diseases (ICD) as psychoses, neurotic disorders, and personality disorders; also other non-psychotic mental disorders listed in the ICD, as determined by the plan. **Please refer to plan brochures for an explanation of covered services, exclusions, and limitations.**

Outpatient Services -- the care provided to you in the outpatient department of a hospital, in a clinic or other medical facility, or in a doctor's office.

Preadmission Certification -- a procedure whereby (1) you or your doctor is required to contact your plan before your admission to a hospital and (2) your plan determines the appropriateness of the admission and the length of stay.

Preferred Provider Arrangement -- an agreement between a plan and a health care institution or other provider to provide services to you at a reduced cost.

Premium -- the monthly or biweekly fee you must pay for your enrollment in an FEHB plan, as shown on the Comparison Chart in this booklet.

Prescription Drugs -- outpatient drugs and medicines which, by United States law, cannot be obtained without a doctor's prescription.

Reasonable and Customary Charge -- one of two benefit maximums plans use as the amount of your medical or dental care expenses they will cover for a particular service. (The other is the Scheduled Allowance, defined below.) A Reasonable and Customary Charge is the amount a plan considers to be covered based on a profile of charges determined by the plan to be the amount a provider normally charges for a service and that is usually charged by most other providers for the same service in the same geographic area. Health insurance industry-accepted methods are used by the plans to establish and periodically update reasonable and customary charges. The actual amount a provider charges for a particular service may be more than the reasonable and customary charge set by the plan for that service. You must pay any amount charged above the reasonable and customary charge, unless the provider accepts a lesser amount because of plan-provider agreements or Medicare-imposed limitations.

Scheduled Allowance -- one of two benefit maximums plans use as the amount of your medical or dental care expenses they will cover for a particular service. (The other is the Reasonable and Customary Charge, defined above.) A Scheduled Allowance is the fixed dollar amount that has been assigned to a covered medical or dental service. You must pay any amount the provider charges above it. (Because a plan's Scheduled Allowance for a particular service applies nationwide, and the amount a provider charges for that service may vary geographically, the Scheduled Allowance is likely to defray more of the provider's charge in some areas than in others.)

Service Area -- the geographic area where prepaid plan (CMP/HMO) providers and facilities are available to you.

This area would be the same as, or within, the plan's enrollment area.

Subrogation -- a plan's right to recover payments it has made because of an injury to you or a covered family member in cases where you or the family member also receives payments for the injury from a third party.

Using the Plan Comparison Chart

The Plan Comparison Chart beginning on page 10 provides general information about many of the major features of each plan in the Federal Employees Health Benefits Program. It is a tool to help you reach a basic understanding of the plans in which you may enroll and to assist you in comparing benefits as well as premiums and other items of cost to you. You can compare benefits of the various plans by reviewing categories of services and other features. You can determine relative cost of plans by comparing your premium and your out-of-pocket expenses as reflected by deductibles, copayments, coinsurance, and catastrophic limits.

However, **don't rely on the Chart alone.** Detailed information about plan benefits and the contractual description of coverage appear in the plan brochures. All benefits are subject to the definitions, limitations and exclusions set forth in the brochures. **So before you make a final decision, you should review carefully the official brochure for the plan or plans in which you are interested.**

Warning for Annuitants Considering Cancelling Their Enrollment

As a Federal retiree or benefit recipient, if you elect to cancel your enrollment, you **cannot** reenroll in the FEHB Program **unless** you have been continuously covered as a family member under another enrollment in the FEHB Program since the date of your cancellation **and** you lose that coverage because (1) the covering enrollment ends or (2) the enrollee changes the covering enrollment from family to self only. In either event, you may reenroll only if you submit an enrollment request to OPM within 31 days of the date you lose coverage as a family member. Additionally, if you cancel your enrollment in the FEHB Program, neither you nor any family member covered by your enrollment will be entitled to a 31-day extension of coverage for conversion to nongroup coverage. Moreover, family members who lose coverage because of your cancellation will not be eligible for temporary continuation of coverage (see page 5).

A request for cancellation cannot be made based solely on a letter or telephone inquiry. The regulation governing participation in the FEHB Program requires that all requests to cancel participation in the Program be made on a properly completed health benefits registration form.

A Health Benefits Cancellation Confirmation (the appropriate health benefits registration form required by regulation) will be sent in response to a written request for cancellation. If this form is received in OPM within 31 days of the date on the form, the effective date of the cancellation of your enrollment is based on the date the original written request is received in OPM. Otherwise, the effective date is based on the date the Health Benefits Cancellation Confirmation form is received in OPM.

According to the FEHB Program regulations, the effective date is determined as follows: If a request is received at least 15 days before the end of the month, the effective date of cancellation is at the end of the month. If the request is received less than 15 days before the end of the month, the effective date of cancellation is at the end of the following month.

Many annuitants or survivors cancel their FEHB coverage because they are insured through a spouse or some other source of benefits outside of the FEHB Program. Unfortunately some people believe incorrectly that they can later reenroll in the FEHB Program even though they do not meet the limited circumstances outlined above. Remember that you have many different plans from which to choose. Please make your decision carefully.

FEHB Plan Comparison Chart - For Benefits Beginning in January 1991

Fee-for-Service Plans

- All plans require you to share costs for covered charges. In addition to the calendar year and inpatient hospital deductibles (see below), other cost-sharing amounts you pay may include coinsurance and/or copayments.
- The calendar year deductible shown is the per person amount. Under a Self and Family enrollment, generally no more than two or three family members, depending on the plan, must meet this deductible. For a few plans, which have established a family deductible, the per person amount shown applies to just one person; the difference between it and the family deductible can be met by any or all of those covered. The calendar year deductible may not apply to every covered charge.
- The inpatient hospital deductible shown is a per person amount. It typically is a per admission or per confinement deductible. However, for certain plans, it is a deductible that applies just to the first admission in a calendar year or a separate calendar year deductible that applies only to inpatient hospital expenses.
- The amounts of covered charges that plans pay for medical-surgical primary care shown on the next page are maximum amounts. Payments may be affected, however, by certain limitations and conditions, which are described in the plan brochures. For example, not all charges that are subject to R & C maximums may be paid on the basis of the provider's total charge (see definition of "Reasonable and Customary Charge" in this booklet).

	Plan Name and Option		Enrollment Code: Plan Code	Enrollment Code: Self Only	Enrollment Code: Self & Family	Plan Telephone Number	Premium You Paid in 1990: Self Only	Premium You Paid in 1990: Self & Family	Premium You Will Pay in 1991: Self Only	Premium You Will Pay in 1991: Self & Family	Medical-Surgical Primary Care: You Pay: Calendar Year Deductible	Medical-Surgical Primary Care: You Pay: Inpatient Hospital Deductible	Medical-Surgical Primary Care: You Pay: Catastrophic Limit (max. covered out of pocket) person/family
	Alliance	High	46	1	2	(202) 939-8325	163.24	491.66	315.88	538.63	$250	$150	$1,500/$2,500
		Stnd	46	4	5	(202) 939-8325	33.14	79.93	36.70	88.47	$325	$200	$2,500/$2,500
	APWU		47	1	2	(800) 222-2798	39.31	80.85	40.84	86.51	$175	None	$1,750/$1,750
*	BACE		Y2	1	2	(301) 881-0510	36.38	99.75	34.81	81.82	$150	$150	$1,500/$1,500
	Blue Cross-Blue Shield (Service Benefit)	High	10	1	2	See Local Phone Book	187.81	391.97	207.57	433.18	$200	$50	$1,500/$1,500
		Stnd	10	4	5		36.66	77.03	36.66	77.03	$250	$100	$2,500/$2,500
*	Foreign Service		48	1	2	(202) 833-4910	48.60	149.97	40.49	121.24	$200	$225	$2,000/$2,000
	GEHA		31	1	2	(800) 821-6136	41.52	82.22	43.64	89.67	$250	None	$2,000/$2,000
	Mail Handlers	High	45	1	2	1-800-468-2958	30.54	68.07	31.76	70.79	NA	$125	$2,500/$5,000
		Stnd	45	4	5	1-800-468-2958	24.42	53.03	25.89	56.21	NA	$250	$2,500/$5,000
	NALC		32	1	2	(703) 729-4677	64.18	109.89	72.15	123.61	$200	$100	$1,000/$3,000
*	NAPUS		YP	1	2	(800) 451-4479	101.75	209.95	94.83	194.82	$200	None	$700/$1,400
	NTEU		YY	1	2	(202) 785-4411	46.76	117.93	40.03	90.44	$275	$225	$2,250/$2,250
*	Panama Canal Area		43	1	2	(504) 566-1300	30.98	67.18	33.46	72.56	NA	$125	$1,000‡
	Postmasters	High	36	1	2	(703) 683-5585	130.07	281.40	172.73	373.49	$250	$175	$2,000/$2,500
		Stnd	36	4	5	(703) 683-5585	34.82	95.74	41.79	134.92	$300	$200	$2,500/$2,500
*	Rural Carriers		38	1	2	(800) 638-8432	42.40	76.83	40.11	79.14	$250	$200	$1,500/$3,000
*	SAMBA		44	1	2	(301) 984-1440	49.66	171.16	39.95	134.14	$300	None	$1,000/$2,000
*	Secret Service		Y7	1	2	(800) 424-7474	28.48	71.21	34.61	86.51	$200	$100	$1,000/$2,000

* Plans are open ONLY to specific groups

‡ Per person

ABBREVIATIONS: ECF — Extended Care Facility
HHC — Home Health Care
NA — Not Applicable
R & C — Reasonable & Customary
SA — Scheduled Allowance

Do Not Rely on This Chart Alone - See Plan Brochures for Details

- Most plans require that accidental injury care must be received within a specified number of hours of the injury for the amounts shown to apply.
- The mental conditions inpatient catastrophic limit is the maximum amount of covered out-of-pocket expenses you pay per person per year until the plan pays up to the lifetime maximum; you pay any expenses that exceed it. The lifetime maximum is the amount up to which plans pay per person for covered mental conditions inpatient services.
- While not shown on the Chart, all or virtually all of the fee-for-service plans provide:
  —Prescription drug benefits, which may include a mail order program and require you to share costs.
  —Mental conditions outpatient care benefits, which usually have dollar and/or visit limits, and you share costs to these limits.
  —Inpatient and outpatient care benefits for alcoholism and drug abuse, which usually have dollar, day and/or visit limits, and you share costs to these limits.
  —Inpatient and outpatient hospice care benefits, which have a dollar maximum that varies by plan.
  See plan brochures for details.

Medical - Surgical Primary Care								Mental Conditions		Other Benefit Features			Brochure Number RI
Plan Pays													
Inpatient Care				Outpatient Care				Inpatient Care					
Hospital Charges		Physician Charges		Physician Charges		Diagnostic Tests (R & C)	Accidental Injury Care (R & C)	You Pay	Plan Pays	ECF and/or HHC	Dental Care	Chiro-practor	
Room & Board	Other Hosp. Exp.	Surgeons (R & C)	Other Drs (R & C)	Surgeons (R & C)	Other Drs (R & C)			Catastrophic Limit ‡	Lifetime Maximum ‡				
100%	100%	80%	80%	100%	80%	80%	100%	$8,000	$50,000	Both	Yes	Yes	71-3
100%	100%	75%	75%	90%	75%	75%	100%	$8,000	$50,000	Both	Yes	Yes	71-3
100%	80%	85%	85%	100%	85%	85%	85%	$8,000	$25,000	HHC	Yes	No	71-4
100%	100%	80%	80%	100%	80%	80%	100%	$8,000	$50,000	Both	Yes	Yes	72-8
100%	100%	80%	80%	80%	80%	80%	100%	$4,000	$75,000	HHC	No	No	71-5
100%	100%	75%	75%	75%	75%	75%	100%	$8,000	$50,000	No	Yes	No	71-5
100%	80%	90%	80%	100%	80%	80%	100%	$8,000	$75,000	Both	Yes	No	72-1
100%	80%	80%	80%	85%	85%	85%	100%	$8,000	$50,000	HHC	Yes	Yes	71-6
100%	100%	SA	SA	SA	SA	SA	75%	$5,000	$25,500	No	Yes	Yes	71-7
100%	100%	SA	SA	SA	SA	SA	75%	$5,000	$25,500	No	No	Yes	71-7
100%	80%	85%	75%	85%	75%	75%	SA	$8,000	$50,000	HHC	Yes	No	71-9
100%	100%	75%	75%	100%	75%	75%	100%	$4,200	$50,000	Both	Yes	Yes	72-3
100%	100%	75%	75%	100%	75%	75%	100%	None	None	Both	Yes	Yes	71-11
100%	80%	100%	SA	100%	SA	SA	100%	None	None	No	Yes	Yes	72-4
100%	85%	90%	80%	100%	80%	80%	80%	$8,000	$40,000	Both	Yes	Yes	71-13
100%	80%	SA	75%	SA	75%	75%	75%	$8,000	$40,000	Both	Yes	Yes	71-13
100%	80%	90%	75%	90%	75%	75%	SA	$8,000	None	Both	Yes	Yes	72-5
100%	90%	100%	80%	100%	80%	80%	100%	$6,500	$50,000	Both	No	Yes	72-6
100%	100%	80%	80%	80%	80%	80%	100%	$4,000	$50,000	Both	Yes	Yes	72-11

The above benefits may be subject to dollar, day and/or visit limits; as well as preadmission approval, precertification, second opinion and/or other requirements. Read the plan brochures carefully.

FEHB Plan Comparison Chart - For Benefits Beginning in January 1991

Prepaid Plans (Commonly referred to as CMP/HMOs)

- A plan's general location is the approximate area served by the plan. To enroll in a CMP/HMO, you **MUST** live within the plan's enrollment area. See the plan brochure for the exact enrollment area.
- While some CMP/HMOs require you to share costs for certain services, *e.g.*, nominal office visit copayments, most do not require cost sharing for hospital care, surgery and/or diagnostic tests.
- Every CMP/HMO provides physicals and immunizations as well as prescription drug benefits.
- All CMP/HMO benefit packages include catastrophic coverage, since these plans provide for necessary care during a year.
- Every CMP/HMO provides benefits for mental conditions/substance abuse inpatient and outpatient services. However, benefits are limited to short-term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental conditions/substance abuse benefits information, you can find the information in the plan brochures.
- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Alabama														
Complete Health of Alabama	NJ	1	2	Anniston, Huntsville & Montgomery areas	(800) 654-5507	MMP	0.00	0.00	38.33	100.53	Both	Yes	Yes	73-532
Complete Health of Alabama	NL	1	2	Mobile, Ozark & Other areas	(800) 654-5507	MMP	0.00	0.00	40.69	111.69	Both	Yes	Yes	73-532
Complete Health of Alabama	NY	1	2	Birmingham area	(800) 654-5507	MMP	32.37	85.67	41.18	116.30	Both	Yes	Yes	73-532
Humana Alabama	NS	1	2	Huntsville area	(205) 532-2050	IPP	26.90	75.35	40.86	185.01	Both	No	No	73-529
Humana Alabama	PM	1	2	N. Alabama area	1-800-841-1436	IPP	28.70	80.34	49.05	219.57	Both	No	No	73-529
Humana Alabama	PY	1	2	Montgomery area	(205) 270-5544	IPP	26.85	75.19	48.62	218.55	Both	No	No	73-529
Medical Center Health Plan	C2	1	2	Southwestern Alabama	(904) 484-4080	MMP	27.56	74.40	39.13	150.04	Both	No	Yes	73-355
PARTNERS Health Plan of Alabama	DF	1	2	Birmingham area	(205) 942-5787	IPP	34.34	107.81	38.45	121.18	Both	No	No	73-349
Prime Health of Alabama	AA	1	2	Mobile area	(205) 342-0022	GPP	35.38	112.38	57.85	103.74	Both	Yes	No	73-280
Arizona														
CIGNA Phoenix	16	1	2	Phoenix area	(602) 371-2300	GPP	38.37	144.71	32.93	102.98	Both	Yes	No	73-28
CIGNA Tucson	B1	1	2	Tucson area	(602) 571-6521	GPP	35.77	152.49	33.65	137.99	Both	No	No	73-95
FHP/Arizona	A3	1	2	Phoenix and Tucson areas	(602) 966-6773	MMP	28.50	98.43	33.80	99.64	Both	Yes	No	73-18
Health Horizons	SB	1	2	Pima and Santa Cruz Counties	(602) 747-2555	IPP	34.28	87.66	30.57	85.08	Both	No	No	73-546
Humana Phoenix	DY	1	2	Maricopa County	(602) 381-4350	IPP	28.51	81.25	31.99	92.06	Both	No	No	73-401
Intergroup of Arizona, Inc.	A7	1	2	Cochise/Phoenix/Tucson areas	1-800-228-5135	MMP	26.77	77.57	29.89	86.83	Both	No	No	73-283
PARTNERS Health Plan of Arizona	A1	1	2	Southern Arizona	(602) 750-8151	IPP	0.00	0.00	31.50	85.40	Both	No	No	73-556
Arkansas														
American HMO - Arkansas	RB	1	2	Little Rock and Ft. Smith areas	1-800-284-5130	MMP	27.28	76.38	28.85	80.79	Both	No	No	73-565
California														
Bay Pacific Health Plan	BU	1	2	Greater San Francisco Bay area	(415) 952-2005	IPP	33.48	91.02	40.93	141.05	Both	No	No	73-111
Bridgeway Plan for Health	CC	1	2	San Francisco Bay area	(800) 554-3110	MMP	30.66	73.59	37.08	98.30	Both	No	No	73-115
CaliforniaCare	M5	1	2	Most of California	(800) 825-1030	MMP	31.00	97.22	37.29	108.11	Both	No	No	73-517
CareAmerica-Southern CA	BG	1	2	Los Angeles area	1-800-827-2273	IPP	30.62	95.61	33.89	106.25	Both	No	Yes	73-290
CIGNA Private Practice	SK	1	2	San Diego/Los Angeles/Orange Counties	1-800-344-0557	IPP	32.83	80.82	56.74	178.73	Both	No	No	73-402
FHP/California	66	1	2	Southern California	(213) 809-5399	MMP	34.09	111.99	40.32	133.07	Both	Yes	No	73-18
Foundation Health of CA	C6	1	2	Northern/Central California	(800) 621-PLAN	IPP	39.54	129.30	40.70	126.88	Both	No	No	73-74
HEALS Health Plan	CF	1	2	Northern California	(800) 372-8200	IPP	40.61	143.26	44.09	142.52	Both	No	No	73-176
Health Net	LB	1	2	Most of California	1-800-640-2004	MMP	36.89	144.71	33.38	85.25	Both	No	Yes	73-159
Health Plan America	AX	1	2	Central Valley	(800) 888-9982	IPP	31.38	88.85	34.52	93.38	Both	No	No	73-220

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-practor	
California (cont.)														
Health Plan America	BH	1	2	Most of California	(800) 422-2689	IPP	29.46	78.07	34.18	90.59	Both	No	No	73-220
Health Plan of the Redwoods	CW	1	2	Sonoma/Marin/Part of Mendocino/Lake Cos.	(707) 544-2273	MMP	36.96	116.91	37.82	96.50	Both	No	No	73-221
Kaiser (Northern CA)	59	1	2	Northern California	(415) 987-3190	GPP	30.23	70.87	35.69	83.10	Both	No	No	73-3
Kaiser (Southern CA)	62	1	2	Southern California	(213) 660-1720	GPP	31.76	79.12	37.28	97.78	Both	No	No	73-2
Kaiser (Southern CA)	RC	1	2	Kern County	(805) 836-0123	GPP	30.03	76.16	35.33	89.54	Both	No	No	73-2
Lifeguard Health Plan	CD	1	2	Northern California/Bay area	(408) 943-9400	IPP	34.38	105.32	38.71	120.23	Both	No	No	73-188
Lincoln National Health Plan of CA	CY	1	2	Southern California	(818) 883-5071	MMP	32.58	95.05	37.78	120.33	Both	Yes	Yes	73-260
Maxicare (Northern CA)	CX	1	2	San Francisco Bay area	(415) 375-8600	MMP	41.45	113.29	39.89	95.18	Both	No	No	73-246
Maxicare (Sacramento)	CP	1	2	Sacramento area	(916) 924-3015	MMP	36.44	108.46	49.40	162.95	Both	No	No	73-246
Maxicare (Southern CA)	CM	1	2	Los Angeles and surrounding counties	(213) 568-9000	MMP	32.96	110.48	38.53	141.89	Both	No	No	73-43
National Med	MN	1	2	Merced, San Joaquin, Stanislaus Cos.	1-800-468-8600	IPP	30.05	74.34	35.15	87.25	Both	No	No	73-512
PacifiCare of California	CQ	1	2	Southern California	(800) 624-8822	MMP	31.50	104.56	34.82	112.14	Both	No	Yes	73-105
PARTNERS Health Plan	RG	1	2	Southern California	1-800-347-4343	IPP	37.09	176.45	37.86	131.75	Both	No	No	73-538
PCA Health Plans of California	CL	1	2	Sacramento area	(916) 929-2221	MMP	0.00	0.00	40.47	134.74	Both	No	No	73-561
Ross Loos Medical Group	61	1	2	Los Angeles/Orange Counties	(800) 344-0557	GPP	35.04	101.14	57.33	180.39	Both	No	No	73-14
St. Joseph's Omni Health Plan	HN	1	2	San Joaquin and Stanislaus Counties	(209) 466-6664	IPP	32.99	101.79	36.72	112.08	Both	No	No	73-406
Takecare	LC	1	2	Northern California/Los Angeles area	1-800-635-CARE	MMP	34.06	114.33	39.16	128.50	Both	No	No	73-144
United Health Plan	C4	1	2	Los Angeles/Orange Counties	(213) 671-3465	MMP	36.80	140.74	44.85	175.63	Both	No	Yes	73-269
ValuCare/Central Valley Health Plan	BE	1	2	Central Valley area	(209) 435-8366	IPP	33.96	111.03	38.51	133.66	Both	No	No	73-403
Colorado														
COMPRECARE (High)	D6	1	2	Denver/Col Springs/No. Colorado	(303) 750-6200	MMP	31.58	81.26	37.30	110.02	Both	Yes	No	73-49
COMPRECARE (Stnd)	D6	4	5	Denver/Col Springs/No. Colorado	(303) 750-6200	MMP	25.44	65.67	30.39	78.45	Both	Yes	No	73-49
HMO Colorado	L2	1	2	Front Range and South Central Colorado	(303) 831-4114	MMP	31.69	93.08	35.05	93.10	Both	Yes	No	73-147
Kaiser Colorado	65	1	2	Denver area	(303) 344-7500	GPP	26.07	66.19	29.40	74.66	Both	Yes	No	73-19
Lincoln National Health Plan of CO, Ltd.	DD	1	2	Denver/Col Springs/No. CO/So. CO	(303) 223-9898	MMP	31.83	79.54	35.19	87.98	Both	Yes	No	73-78
Qual-Med Colorado	MT	1	2	Col Springs/Denver/South Central CO	(719) 598-0553	MMP	34.11	110.93	36.23	104.21	Both	No	No	73-514
Rocky Mountain HMO	88	1	2	Grand Junction area	(303) 243-7050	IPP	40.32	108.29	39.58	97.89	Both	Yes	No	73-27
Connecticut														
CIGNA Connecticut	AL	1	2	Hartford area	(203) 289-6088	IPP	60.89	201.78	67.49	224.05	Both	No	Yes	73-410
Community Health Care Plan	71	1	2	Fairfield and New Haven Counties	1-800-237-2427	MMP	83.57	228.58	73.75	209.67	Both	No	Yes	73-24
Constitution Health Network	BN	1	2	Greater Hartford/Waterbury/Bridgeport	(203) 721-7784	IPP	53.84	178.90	77.09	242.75	Both	No	Yes	73-411
Health New England	DJ	1	2	Northern Connecticut	(413) 787-4000	IPP	37.57	88.27	41.14	91.08	Both	No	No	73-437
HMO IPA Network	KH	1	2	Portions of CT and MA	(413) 499-4009	IPP	36.20	135.18	40.29	143.86	Both	No	No	73-194
Kaiser Connecticut	DM	1	2	Hartford and Stamford areas	(203) 678-6100	GPP	32.16	90.65	37.36	91.52	Both	No	No	73-114
Physicians Health Services/CT	DP	1	2	Eastern, Southern & Western CT	(800) 848-4747	IPP	36.59	139.75	56.25	206.68	Both	No	Yes	73-140

ABBREVIATIONS: ECF — Extended Care Facility
GPP — Group Practice Plan
HHC — Home Health Care
IPP — Individual Practice Plan
MMP — Mixed Model Plan

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Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
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Connecticut (cont.)														
U.S. Healthcare Connecticut	H1	1	2	Frfld/Hrtfrd/Ltchfld/New Hvn Cos.	1-800-537-9384	IPP	36.68	152.16	62.20	237.07	Both	Yes	No	73-412
Delaware														
Delaware Valley HMO	SP	1	2	State of Delaware	(302) 571-0822	IPP	33.53	103.89	46.37	176.32	Both	Yes	No	73-65
Healthcare Delaware	MR	1	2	New Castle County	(302) 421-4141	IPP	31.27	79.16	46.76	166.64	Both	No	No	73-513
Principal Health Care of Delaware	RV	1	2	State of Delaware	(302) 322-4700	IPP	31.97	104.24	39.22	151.06	Both	No	Yes	73-544
US Healthcare - Delaware	NK	1	2	State of Delaware	1-800-537-9384	IPP	32.87	93.16	34.65	112.38	Both	Yes	No	73-527
District of Columbia														
AETNA HEALTH PLAN (High)	V8	1	2	Washington, D.C. area	1-800-537-5096	IPP	49.75	158.27	38.90	134.87	Both	Yes	No	73-250
AETNA HEALTH PLAN (Stnd)	V8	4	5	Washington, D.C. area	1-800-537-5096	IPP	36.34	110.00	35.65	101.64	Both	Yes	No	73-250
CapitalCare	E6	1	2	Washington, D.C. area	(703) 761-5599	IPP	55.58	173.89	63.05	197.01	Both	Yes	No	73-196
CareFirst	JQ	1	2	D.C. area/Most of Maryland	(301) 528-7000	MMP	32.68	102.63	33.55	88.91	Both	Yes	No	73-268
George Washington Univ HP (High)	E5	1	2	Washington, D.C. area	(202) 416-0400	MMP	36.37	105.97	54.36	119.55	Both	Yes	No	73-46
George Washington Univ HP (Stnd)	E5	4	5	Washington, D.C. area	(202) 416-0400	MMP	29.73	71.08	33.93	72.78	Both	Yes	No	73-46
Group Health Association (High)	50	1	2	Washington, D.C. area	(202) 966-4357	GPP	44.81	126.29	49.98	147.46	Both	Yes	No	73-8
Group Health Association (Stnd)	50	4	5	Washington, D.C. area	(202) 966-4357	GPP	25.35	64.64	27.92	71.88	Both	Yes	No	73-8
Healthplus (High)	JN	1	2	D.C. Metro area	(301) 441-1600	IPP	33.04	75.62	35.62	81.92	Both	Yes	No	73-67
Healthplus (Stnd)	JN	4	5	D.C. Metro area	(301) 441-1600	IPP	25.30	57.82	27.88	64.13	Both	Yes	No	73-67
Johns Hopkins Health Plan	JB	1	2	D.C. area/Central Maryland	(301) 554-7000	MMP	29.58	79.95	32.74	88.57	Both	Yes	No	73-320
Kaiser/Mid-Atlantic	E3	1	2	Washington, D.C. area	(202) 364-3400	GPP	30.92	79.18	33.72	86.63	Both	Yes	No	73-47
Lincoln National Health Plan	DS	1	2	Washington, D.C.	1-800-782-0622	IPP	34.93	98.41	41.97	138.75	Both	Yes	No	73-442
M.D. IPA	JP	1	2	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	25.74	72.73	27.87	78.72	Both	Yes	Yes	73-100
Physicians CareFirst	X9	1	2	D.C. Metro area	(703) 525-0602	IPP	48.95	145.75	43.42	135.83	Both	Yes	No	73-331
PruCare of Washington, D.C.	HD	1	2	Washington, D.C. area	1-800-648-4483	IPP	54.41	179.96	56.61	160.31	Both	No	Yes	73-413
Florida														
AV-MED/Gainesville	JF	1	2	Gainesville area	1-800-237-1255	IPP	33.93	109.59	34.41	108.33	Both	Yes	Yes	73-126
AV-MED/Jacksonville	HW	1	2	Jacksonville area	1-800-227-4184	IPP	41.84	159.33	40.99	180.78	Both	Yes	Yes	73-126
AV-MED/Orlando	GP	1	2	Orlando area	(407) 660-0333	IPP	34.54	115.70	36.30	129.13	Both	Yes	Yes	73-126
AV-MED/South Florida	EM	1	2	South Florida	1-800-432-6676	IPP	53.71	189.91	42.10	192.94	Both	Yes	Yes	73-126
AV-MED/Tampa	H5	1	2	Tampa area	1-800-257-2273	IPP	36.79	138.69	37.27	139.66	Both	Yes	Yes	73-126
Capital Health of Tallahassee	EA	1	2	Tallahassee area	(904) 386-3161	MMP	29.01	72.97	33.38	87.41	Both	No	No	73-197

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Florida (cont.)														
CIGNA Healthplan of Florida	EJ	1	2	Tampa area	(813) 281-1000	GPP	40.04	178.51	38.95	158.90	Both	Yes	Yes	73-170
CIGNA Healthplan of Florida	EN	1	2	Orlando area	(407) 660-1344	MMP	36.28	155.50	38.33	152.10	Both	Yes	Yes	73-170
CIGNA South Florida	EK	1	2	Miami/Ft. Lauderdale/Palm Beach	(800) 227-4918	IPP	45.52	180.78	75.31	268.66	Both	Yes	Yes	73-72
Family Health Plan, Inc.	FQ	1	2	Dade and Broward Counties	(305) 364-8100	IPP	0.00	0.00	29.45	76.04	Both	No	Yes	73-551
Health Options-Jacksonville/Gainesville	E8	1	2	Jacksonville and Gainesville areas	(904) 731-7967	MMP	33.14	101.98	36.91	121.79	Both	No	Yes	73-219
Health Options-Pensacola	D5	1	2	Escambia & Santa Rosa Counties	(904) 484-7550	IPP	36.90	157.90	38.21	121.44	Both	No	Yes	73-385
Health Options-South FL/Palm Beach	FN	1	2	Palm Beach area	1-800-955-3589	IPP	28.22	77.40	33.51	89.49	Both	No	Yes	73-82
Health Options-South Florida/Miami	FR	1	2	Dade and Broward Counties	1-800-955-3589	IPP	31.04	96.67	35.27	107.18	Both	No	Yes	73-82
Health Options-Tampa Bay	D7	1	2	Tampa Bay area	(813) 882-0632	MMP	58.63	197.77	53.67	205.51	Both	No	Yes	73-384
HIP Network of Florida	K7	1	2	Broward/Dade/Palm Beach	(305) 491-9055	IPP	33.28	121.27	40.50	171.64	Both	No	Yes	73-421
Humana Medical Plan-Daytona	P7	1	2	Daytona area	(904) 676-1850	MMP	31.79	112.23	29.86	83.61	Both	No	Yes	73-278
Humana Medical Plan-Orlando	P5	1	2	Orlando area	(407) 872-6050	MMP	29.37	85.10	29.84	83.55	Both	No	Yes	73-278
Humana Medical Plan-South Florida	EE	1	2	South Florida	1-800-531-4773	MMP	25.94	74.14	27.55	78.76	Both	No	Yes	73-278
Humana Medical Plan-Tampa	JH	1	2	Tampa area	1-800-752-2686	MMP	20.54	58.69	22.80	65.16	Both	No	Yes	73-278
Medical Center Health Plan	C2	1	2	Northwest Florida	(904) 484-4080	MMP	27.56	74.40	39.13	150.04	Both	No	Yes	73-355
PruCare of Jacksonville	EC	1	2	Jacksonville area	(904) 391-3415	MMP	27.45	74.11	33.06	91.08	Both	No	Yes	73-261
PruCare of South Florida	HE	1	2	South Florida	(305) 492-8244	IPP	38.76	186.01	39.75	172.62	Both	No	Yes	73-422
PruCare Orlando	EH	1	2	Orlando area	(407) 875-2171	GPP	25.93	72.61	28.41	79.54	Both	No	Yes	73-164
PruCare-Tampa Bay	FH	1	2	Tampa Bay area	1-800-284-4302	IPP	32.24	117.21	34.50	114.22	Both	No	Yes	73-343
Georgia														
HMO Georgia, Inc.	CR	1	2	Atlanta, Augusta & Macon areas	(404) 365-9673	IPP	37.06	141.59	50.11	189.95	Both	No	No	73-424
Kaiser-Georgia	F8	1	2	Atlanta area	(404) 233-0556	GPP	30.27	77.62	35.07	100.70	Both	Yes	No	73-321
Partners Health Plan of Georgia	F3	1	2	Atlanta area	(404) 951-1255	MMP	37.92	164.60	37.80	105.45	Both	Yes	No	73-304
PruCare of Atlanta	EZ	1	2	Atlanta area	(404) 955-7735	MMP	29.43	85.73	31.13	87.17	Both	No	Yes	73-107
Guam														
FHP/Guam	JK	1	2	Guam	646-1984	GPP	26.30	77.52	29.61	87.82	Both	Yes	No	73-18
Guam Memorial Health Plan (High)	ZA	1	2	Guam and Belau (Palau)	(671) 472-4647	IPP	30.83	78.99	34.22	87.68	Both	Yes	Yes	73-213
Guam Memorial Health Plan (Stnd)	ZA	4	5	Guam and Belau (Palau)	(671) 472-4647	IPP	22.05	58.92	25.09	67.06	Both	No	Yes	73-213
Health Maintenance Life	28	1	2	Guam	646-7826	IPP	20.43	61.56	21.25	63.94	Both	Yes	No	73-36
Hawaii														
HMSA	87	1	2	Hawaii	(808) 942-1111	IPP	30.16	79.93	31.37	83.13	Both	Yes	No	73-10
HMSA's Community Health Program	F6	1	2	Hawaii	(808) 944-2372	GPP	30.92	97.50	38.02	142.61	Both	Yes	No	73-60
Island Care	F9	1	2	Hawaii	1-800-345-4185	IPP	28.64	73.95	40.24	129.52	Both	Yes	No	73-319
Kaiser Hawaii (High)	63	1	2	Hawaii	(808) 521-0803	GPP	26.20	68.03	33.78	84.44	Both	Yes	No	73-5
Kaiser Hawaii (Stnd)	63	4	5	Hawaii	(808) 521-0803	GPP	22.21	57.06	27.20	66.10	Both	Yes	No	73-5

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FEHB Plan Comparison Chart - For Benefits Beginning in January 1991

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- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Idaho														
Group Health Northwest	VR	1	2	Kootenai and Bonner Counties	(208) 664-5174	MMP	29.92	76.03	35.55	90.70	Both	Yes	Yes	73-96
Lincoln National Health Plan	GM	1	2	Ada and Canyon Counties	(208) 343-3330	GPP	24.90	67.97	33.06	90.25	Both	No	No	73-426
Qual-Med Washington	TM	1	2	Northern Idaho	(509) 326-8820	IPP	29.65	75.66	29.76	77.40	Both	No	No	73-287
Illinois														
American HMO - Illinois	AC	1	2	Metro Chicago area and N.W. Indiana	1-800-367-9597	MMP	26.50	74.19	30.76	86.15	Both	No	No	73-427
Blackhawk Health Assurance Plan	LH	1	2	Rockford area	(815) 963-5431	IPP	33.83	99.79	33.35	85.15	Both	No	No	73-149
BlueChoice	M4	1	2	St. Clair and Madison Counties	(800) 634-4395	IPP	29.45	78.76	35.82	111.45	Both	Yes	No	73-516
CarleCare	FX	1	2	East Central Illinois	(217) 337-8100	MMP	26.04	71.62	29.03	77.72	Both	No	Yes	73-168
Chicago HMO Ltd	FJ	1	2	Chicago area	(312) 751-4460	MMP	27.76	80.50	35.64	140.87	Both	Yes	Yes	73-199
Dreyer HMO	EU	1	2	Greater Fox Valley and Dekalb areas	(708) 859-0400	GPP	28.23	79.75	31.79	89.02	Both	No	Yes	73-300
Foundation Program	LG	1	2	Springfield area	(217) 787-2002	IPP	36.16	146.25	34.35	98.02	Both	No	No	73-151
Great Lakes Health Plan	FY	1	2	Chicago area	(800) 325-7498	IPP	31.63	77.47	35.39	86.71	Both	No	No	73-231
Group Health Plan St. Louis	MM	1	2	St. Louis area	(314) 993-6494	GPP	31.35	88.46	39.74	125.01	Both	Yes	No	73-104
HealthChicago	GQ	1	2	Chicago Metro area	(708) 964-2700	MMP	47.84	137.13	40.40	109.22	Both	No	Yes	73-310
HMO Illinois/Chicago Metro Area	LF	1	2	Chicago area	(312) 938-6600	MMP	34.55	113.51	38.99	129.82	Both	No	No	73-152
HMO Illinois/Downstate Area	JL	1	2	Downstate counties	(312) 938-6600	MMP	32.81	105.54	34.37	90.09	Both	No	No	73-152
Maxicare Illinois	FV	1	2	Chicago/Champaign areas	(312) 220-9830	MMP	33.04	120.72	33.82	98.34	Both	No	No	73-58
MetLife HCN of St. Louis	12	1	2	St. Louis area	(314) 469-3300	MMP	43.14	110.15	54.06	121.03	Both	Yes	No	73-32
Michael Reese	75	1	2	Chicago Metro area	(312) 808-3801	GPP	27.26	70.27	29.77	85.63	Both	No	No	73-25
PARTNERS HMO	RN	1	2	Madison and St. Clair Counties	1-800-338-4123	IPP	30.03	89.26	34.68	89.27	Both	No	No	73-541
PersonalCare's HMO	GE	1	2	East, Central, Southern, N.E. IL	(800) 431-1211	MMP	28.53	80.17	33.35	102.35	Both	No	No	73-257
RUSH-ANCHOR HMO	17	1	2	Chicago Metro area	(312) 347-3440	MMP	27.73	74.91	41.94	113.40	Both	No	Yes	73-29
SANUS Health Plan-St. Louis	H8	1	2	St. Louis Metro area	(314) 434-6010	IPP	34.22	78.71	39.29	90.37	Both	Yes	No	73-345
Share Health Plan of Illinois	FP	1	2	Chicago area	800-MD-SHARE	MMP	38.59	98.04	37.99	85.47	Both	Yes	Yes	73-187
Union Health Service	76	1	2	Chicago Metro area	(312) 829-4224	GPP	23.08	64.94	26.32	74.13	Both	No	No	73-26
Indiana														
American HMO - Illinois	AC	1	2	Metro Chicago area and N.W. Indiana	1-800-367-9597	MMP	26.50	74.19	30.76	86.15	Both	No	No	73-427
Arnett HMO	G2	1	2	Greater Lafayette area	(317) 448-8200	GPP	35.43	127.35	34.98	91.28	Both	No	No	73-288
Great Lakes Health Plan	FY	1	2	Lake County	(800) 325-7498	IPP	31.63	77.47	35.39	86.71	Both	No	No	73-231
HealthChicago	GQ	1	2	Lake, LaPorte and Porter Counties	(708) 964-2700	MMP	47.84	137.13	40.40	109.22	Both	No	Yes	73-310

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Indiana (cont.)														
HMO America-Indiana	M6	1	2	Northwestern Indiana	(219) 738-2786	GPP	28.41	85.73	35.06	134.18	Both	No	Yes	73-518
HMO Illinois/Chicago Metro Area	LF	1	2	Lake and Porter Counties	(312) 938-6600	MMP	34.55	113.51	38.99	129.82	Both	No	No	73-152
Humana Care Plan	18	1	2	Louisville, Kentucky area	(502) 423-1355	MMP	22.49	63.86	29.19	82.90	Both	No	No	73-238
Humana Health Plan	D2	1	2	Louisville area	(502) 423-1355	IPP	23.52	67.02	28.16	80.24	Both	No	No	73-434
Key Health Plan	GH	1	2	North and Central Indiana	1-800-321-8961	IPP	44.53	198.16	39.25	166.90	Both	Yes	No	73-163
Maxicare Illinois	FV	1	2	Lake and Porter Counties	(312) 220-9830	MMP	33.04	120.72	33.82	98.34	Both	No	No	73-58
Maxicare Indiana	GK	1	2	Indianapolis area	(317) 843-9989	MMP	32.18	152.94	33.14	129.69	Both	No	No	73-183
Michael Reese	75	1	2	Lake County	(312) 808-3801	GPP	27.26	70.27	29.77	85.63	Both	No	No	73-25
PARTNERS National Health of Indiana	MC	1	2	Elkhart/South Bend	(219) 233-4677	IPP	31.88	102.98	35.72	116.13	Both	No	No	73-506
RUSH-ANCHOR HMO	17	1	2	Lake and Porter Counties	(312) 347-3440	MMP	27.73	74.91	41.94	113.40	Both	No	Yes	73-29
Welborn HMO	H3	1	2	Evansville area	(812) 425-3939	GPP	32.42	105.17	32.63	88.82	Both	No	No	73-430
Iowa														
Care Choices	FA	1	2	Sioux City area	1-712-252-2344	IPP	30.52	84.58	35.25	106.79	Both	No	No	73-444
HMO Iowa	56	1	2	Des Moines area	(515) 282-2000	IPP	0.00	0.00	35.82	128.78	Both	No	Yes	73-554
Principal Health Care of Nebraska	GU	1	2	Council Bluffs	(402) 333-1720	MMP	29.11	76.24	35.65	112.43	Both	Yes	Yes	73-453
Share Health Plan of Iowa	GS	1	2	Des Moines area	(515) 225-1234	IPP	44.74	111.93	39.98	89.95	Both	Yes	Yes	73-186
Share Health Plan of Nebraska	NF	1	2	Council Bluffs area	(402) 345-5500	IPP	32.59	76.60	37.60	88.36	Both	Yes	No	73-265
Kansas														
EQUICOR Wichita	HC	1	2	Wichita area	(316) 636-1152	GPP	32.03	96.87	37.51	126.42	Both	No	No	73-175
HMO Kansas/Capitol Area	HM	1	2	Capitol area	(800) 332-0028	MMP	32.73	109.74	31.77	85.84	Both	Yes	Yes	73-232
HMO Kansas/Central Kansas	HP	1	2	Central Kansas	(800) 332-0028	MMP	32.37	106.75	26.54	73.04	Both	Yes	Yes	73-232
HMO Kansas/Greater Wichita	PQ	1	2	Wichita area	(800) 332-0028	MMP	33.05	93.71	28.57	73.04	Both	Yes	Yes	73-232
Kaiser-Kansas City	HA	1	2	Kansas City area	(913) 469-5607	GPP	27.59	71.74	31.09	85.48	Both	Yes	No	73-128
Prime Health (High)	MS	1	2	Kansas City area	(816) 941-8003	GPP	33.80	118.62	37.58	130.41	Both	No	No	73-54
Prime Health (Stnd)	MS	4	5	Kansas City area	(816) 941-8003	GPP	28.32	76.72	34.81	102.26	Both	No	No	73-54
Principal Health Care of Kansas City	N3	1	2	Kansas City area	(816) 941-3030	IPP	29.10	77.73	36.79	126.31	Both	No	No	73-275
Total Health Care	LZ	1	2	Kansas City area	(816) 561-2777	IPP	37.47	165.36	52.67	162.00	Both	No	No	73-142
Kentucky														
HealthWise of Kentucky	DU	1	2	28 counties in Central Kentucky	(800) 543-8339	IPP	23.02	68.50	29.85	88.80	Both	No	Yes	73-433
Humana Care Plan	18	1	2	Louisville area	(502) 423-1355	MMP	22.49	63.86	29.19	82.90	Both	No	No	73-238
Humana Care Plan	HR	1	2	Lexington area	(606) 263-1450	MMP	21.83	60.68	24.57	68.31	Both	No	No	73-238
Humana Health Plan	D2	1	2	Louisville and Lexington areas	(502) 423-1355	IPP	23.52	67.02	28.16	80.24	Both	No	No	73-434
Lincoln National Health Plan	R8	1	2	Northern Kentucky	(513) 772-7325	MMP	34.47	93.90	37.26	92.56	Both	Yes	Yes	73-254
Louisiana														
Maxicare Louisiana	JA	1	2	New Orleans	(504) 836-2022	MMP	46.63	166.72	35.61	92.34	Both	No	No	73-244

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Louisiana (cont.)														
Principal Health Care of Louisiana	RP	1	2	New Orleans and River Region	(504) 834-0840	IPP	31.46	98.78	37.08	127.92	Both	No	Yes	73-542
Maine														
Healthsource Maine	MY	1	2	North, Central and Southern Maine	(800) 642-5551	IPP	45.39	130.91	49.98	144.47	Both	No	Yes	73-515
HMO Maine	CU	1	2	Southern and Central Maine	1-800-527-7706	IPP	60.80	142.80	58.85	190.49	Both	No	Yes	73-443
Maryland														
AETNA HEALTH PLAN (High)	V8	1	2	D.C. Metro area	1-800-537-5096	IPP	49.75	158.27	38.90	134.87	Both	Yes	No	73-250
AETNA HEALTH PLAN (Stnd)	V8	4	5	D.C. Metro area	1-800-537-5096	IPP	36.34	110.00	35.65	101.64	Both	Yes	No	73-250
CapitalCare	E6	1	2	Portions of Maryland	(703) 761-5599	IPP	55.58	173.89	63.05	197.01	Both	Yes	No	73-196
CareFirst	JQ	1	2	D.C. area/Most of Maryland	(301) 528-7000	MMP	32.68	102.63	33.55	88.91	Both	Yes	No	73-268
Chesapeake Health Plan	BL	1	2	Baltimore/Harford/Anne Arundel	(301) 539-8622	MMP	30.83	87.34	32.96	88.50	Both	Yes	No	73-441
Columbia Medical Plan	67	1	2	Central Maryland	(301) 997-8500	GPP	35.25	143.99	37.24	137.17	Both	Yes	No	73-20
Free State Health Plan	LD	1	2	Central Maryland	(301) 964-8168	MMP	33.93	129.43	37.09	135.46	Both	Yes	No	73-146
George Washington Univ HP (High)	E5	1	2	Washington, D.C. area	(202) 416-0400	MMP	36.37	105.97	54.36	119.55	Both	Yes	No	73-46
George Washington Univ HP (Stnd)	E5	4	5	Washington, D.C. area	(202) 416-0400	MMP	29.73	71.08	33.93	72.78	Both	Yes	No	73-46
Group Health Association (High)	50	1	2	Mntgmry/P.G./ Hwrd/Part of Chris Cos.	(202) 966-4357	GPP	44.81	126.29	49.98	147.46	Both	Yes	No	73-8
Group Health Association (Stnd)	50	4	5	Mntgmry/P.G./ Hwrd/Part of Chris Cos.	(202) 966-4357	GPP	25.35	64.64	27.92	71.88	Both	Yes	No	73-8
Healthplus (High)	JN	1	2	D.C. Metro area	(301) 441-1600	IPP	33.04	75.62	35.62	81.92	Both	Yes	No	73-67
Healthplus (Stnd)	JN	4	5	D.C. Metro area	(301) 441-1600	IPP	25.30	57.82	27.88	64.13	Both	Yes	No	73-67
Healthplus (High)	JW	1	2	Baltimore Metro Area	(301) 441-1600	IPP	30.26	69.23	33.29	76.57	Both	Yes	No	73-67
Healthplus (Stnd)	JW	4	5	Baltimore Metro Area	(301) 441-1600	IPP	22.98	52.49	25.20	57.97	Both	Yes	No	73-67
Johns Hopkins Health Plan	JB	1	2	Central Maryland/D.C. area	(301) 554-7000	MMP	29.58	79.95	32.74	88.57	Both	Yes	No	73-320
Kaiser/Mid-Atlantic	E3	1	2	Washington, D.C. area	(202) 364-3400	GPP	30.92	79.18	33.72	86.63	Both	Yes	No	73-47
Kaiser/Mid-Atlantic	E7	1	2	Baltimore area	(301) 281-6123	GPP	27.67	71.94	30.82	79.52	Both	Yes	No	73-47
Lincoln National Health Plan	DS	1	2	Prince George's and Montgomery Cos.	1-800-782-0622	IPP	34.93	98.41	41.97	138.75	Both	Yes	No	73-442
Lincoln National Health Plan	KB	1	2	Baltimore area	1-800-782-0622	IPP	32.21	78.89	40.97	128.91	Both	Yes	No	73-442
M.D. IPA	JP	1	2	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	25.74	72.73	27.87	78.72	Both	Yes	Yes	73-100
Physicians CareFirst	X9	1	2	D.C. Metro area	(703) 525-0602	IPP	48.95	145.75	43.42	135.83	Both	Yes	No	73-331
Potomac Health	JM	1	2	Most of Maryland	(301) 528-7000	MMP	37.75	148.76	39.94	142.85	Both	Yes	No	73-225
PruCare of Washington, D.C.	HD	1	2	Washington, D.C. area	1-800-648-4483	IPP	54.41	179.96	56.61	160.31	Both	No	Yes	73-413

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	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Massachusetts														
Bay State Health Care	KW	1	2	Eastern Massachusetts	1-800-525-5151	IPP	41.62	174.72	53.60	214.30	Both	Yes	No	73-193
Central Massachusetts Health Care	J1	1	2	Worcester County	(508) 754-1870	IPP	58.65	186.31	66.08	228.84	Both	Yes	No	73-291
CIGNA Massachusetts	G6	1	2	Greater Springfield & Worcester areas	(413) 735-1500	IPP	35.01	125.88	38.59	131.45	Both	No	No	73-295
Community Health Plan	SM	1	2	Berkshire/Franklin/Hampshire Cos.	(413) 736-8376	MMP	36.09	134.57	38.90	132.90	Both	No	No	73-53
Fallon Community Health Plan	JV	1	2	Central Massachusetts	(508) 835-2550	GPP	30.00	78.03	29.00	75.42	Both	Yes	No	73-90
Harvard Community Health Plan	68	1	2	Eastern and Western Massachusetts	(617) 739-6161	GPP	53.26	207.93	47.67	200.20	Both	Yes	No	73-21
Health New England	DJ	1	2	Hampden and Hampshire Cos.	(413) 787-4000	IPP	37.57	88.27	41.14	91.08	Both	No	No	73-437
HMO IPA Network	KH	1	2	Portions of CT and MA	(413) 499-4009	IPP	36.20	135.18	40.29	143.86	Both	No	No	73-194
HMO Rhode Island	DA	1	2	Portions of Southeastern MA	(401) 274-6674	MMP	31.24	75.39	39.42	107.81	Both	No	No	73-489
Kaiser Massachusetts	K1	1	2	Parts of Western Massachusetts	(413) 256-0151	GPP	39.87	93.29	52.41	121.55	Both	Yes	No	73-86
Lahey Clinic-BCBS HMO	JX	1	2	Greater Burlington area, Massachusetts	(617) 956-3556	GPP	37.94	167.24	40.62	165.36	Both	No	No	73-106
Matthew Thornton	NX	1	2	Northern Massachusetts	1-800-544-8333	GPP	32.31	112.49	39.80	156.02	Both	No	No	73-76
Medical East CHP	JT	1	2	Eastern Massachusetts	(617) 849-1111	GPP	41.62	165.36	53.39	202.95	Both	No	No	73-112
Medical West CHP	JZ	1	2	Springfield area	(413) 594-3111	GPP	36.26	82.20	40.37	92.41	Both	Yes	No	73-97
Pilgrim Health Care	JU	1	2	Eastern Massachusetts	(617) 871-3950	IPP	55.32	228.60	54.30	234.37	Both	Yes	No	73-139
RIGHA	70	1	2	Southeastern Massachusetts	(401) 331-4034	GPP	91.09	256.27	46.13	143.82	Both	No	No	73-23
Tufts Associated Health Plan	K2	1	2	Eastern and Central Massachusetts	(617) 466-1000	IPP	58.44	237.23	60.30	251.09	Both	No	No	73-134
U.S. Healthcare-Massachusetts	NE	1	2	Boston Metropolitan area	1-800-537-9384	IPP	35.80	133.83	40.73	158.84	Both	Yes	No	73-526
Michigan														
Blue Care Network Great Lakes	G7	1	2	North Michigan	(616) 941-7823	IPP	48.08	166.40	35.55	90.33	Both	No	No	73-272
Blue Care Network Great Lakes	KF	1	2	Southwest Michigan	(616) 388-9500	IPP	36.31	155.52	33.06	94.10	Both	No	No	73-272
Blue Care Network Great Lakes	KR	1	2	West Michigan	(616) 957-5057	IPP	30.21	103.95	26.12	75.89	Both	No	No	73-272
Blue Care Network of East MI/Flint	KN	1	2	Greater Flint area	(313) 733-9593	MMP	35.36	180.46	34.73	144.04	Both	No	No	73-88
Blue Care Network of East MI/Saginaw	K5	1	2	Saginaw Bay area	(517) 791-3222	MMP	32.82	84.13	33.44	83.55	Both	No	No	73-88
Blue Care Network of SE Michigan	LX	1	2	Detroit area	(800) 662-6667	MMP	27.40	121.16	29.35	118.30	Both	No	No	73-153
Blue Care Network-Health Central	LN	1	2	Lansing area	(517) 322-8022	MMP	29.71	130.52	32.31	134.68	Both	No	No	73-154
Butterworth HMO	BQ	1	2	Greater Grand Rapids Metro area	(616) 942-1221	IPP	0.00	0.00	26.63	73.90	Both	No	No	73-550
Care Choices/Ann Arbor	KZ	1	2	Ann Arbor area	1-800-852-9780	IPP	35.17	121.68	40.67	150.04	Both	No	No	73-444
Care Choices/Grand Rapids & Muskegon	BA	1	2	Grand Rapids/Muskegon areas	(616) 957-1100	IPP	30.71	89.16	32.98	89.59	Both	No	No	73-444
Care Choices/Lansing	FE	1	2	Lansing area	1-800-642-0119	IPP	32.10	101.12	36.98	124.75	Both	No	No	73-444
Comprehensive Health Services, Inc.	K3	1	2	Southeastern Michigan	(313) 875-WELL	MMP	25.15	62.89	32.03	80.08	Both	No	Yes	73-75
Health Alliance Plan of Michigan	52	1	2	Southeastern Michigan	(313) 872-8100	MMP	31.26	81.27	34.60	89.96	HHC	No	No	73-15
M-Care	EG	1	2	Southeastern Michigan	(313) 747-8700	MMP	33.84	96.67	37.27	102.50	Both	No	No	73-445
Medical Value Plan	EV	1	2	Monroe and Lenawee Counties	(419) 244-2902	MMP	35.54	140.01	41.30	223.08	Both	No	No	73-473
OmniCare Health Plan	KA	1	2	Southeastern Michigan	(313) 873-2813	MMP	32.68	79.55	34.56	85.31	Both	No	No	73-62

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- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Michigan (cont.)														
SelectCare HMO	K6	1	2	Greater Detroit area	(313) 680-1100	MMP	30.26	78.69	33.01	87.48	Both	No	No	73-69
Total Health Care	N2	1	2	Detroit Metro area	(313) 871-2000	GPP	32.57	80.88	34.30	84.26	Both	No	Yes	73-534
Minnesota														
Group Health (High)	53	1	2	Minneapolis and St. Paul	(612) 623-8400	GPP	25.35	73.09	29.58	85.28	Both	Yes	No	73-9
Group Health (Stnd)	53	4	5	Minneapolis and St. Paul	(612) 623-8400	GPP	18.89	54.44	22.65	65.26	Both	No	No	73-9
Physicians Health Plan of Minnesota	M1	1	2	Minneapolis and St. Paul areas	(612) 936-1821	IPP	32.09	104.73	26.15	71.02	Both	Yes	No	73-169
Share Health Plan of Minnesota	11	1	2	Minneapolis and St. Paul	(612) 936-6000	MMP	25.52	71.88	29.80	83.94	Both	Yes	No	73-30
Mississippi														
EQUICOR Tennessee	SR	1	2	Memphis area	(915) 683-3311	IPP	0.00	0.00	39.51	125.69	Both	No	No	73-356
Missouri														
BlueChoice	M4	1	2	St. Louis area	(800) 634-4395	IPP	29.45	78.76	35.82	111.45	Both	Yes	No	73-516 9
Group Health Plan St. Louis	MM	1	2	St. Louis area	(314) 993-6494	GPP	31.35	88.46	39.74	125.01	Both	Yes	No	73-104
Kaiser Kansas City	HA	1	2	Kansas City area	(913) 469-5607	GPP	27.59	71.74	31.09	85.48	Both	Yes	No	73-128
MetLife HCN of St. Louis	12	1	2	St. Louis area	(314) 469-3300	MMP	43.14	110.15	54.06	121.03	Both	Yes	No	73-32
PARTNERS HMO	RN	1	2	St. Louis Metro area	1-800-338-4123	IPP	30.03	89.26	34.68	89.27	Both	No	No	73-541
Prime Health of Missouri (High)	MS	1	2	Kansas City area	(816) 941-8003	GPP	33.80	118.62	37.58	130.41	Both	No	No	73-54
Prime Health of Missouri (Stnd)	MS	4	5	Kansas City area	(816) 941-8003	GPP	28.32	76.72	34.81	102.26	Both	No	No	73-54
Principal Health Care of Kansas City	N3	1	2	Kansas City area	(816) 941-3030	IPP	29.10	77.73	36.79	126.31	Both	No	No	73-275
SANUS Health Plan-St. Louis	H8	1	2	St. Louis Metro area	(314) 434-6114	IPP	34.22	78.71	39.29	90.37	Both	Yes	No	73-345
Total Health Care	LZ	1	2	Kansas City area	(816) 561-2777	IPP	37.47	165.36	52.67	162.00	Both	No	No	73-142
Nebraska														
Care Choices	FA	1	2	Dakota/Dixon/Thurston Cos.	1-712-252-2344	IPP	30.52	84.58	35.25	106.79	Both	No	No	73-444
Principal Health Care of Nebraska	GU	1	2	Omaha and Lincoln areas	(402) 333-1720	MMP	29.11	76.24	35.65	112.43	Both	Yes	Yes	73-453
Share Health Plan of Nebraska	NF	1	2	Omaha/Council Bluffs area	(402) 345-5500	IPP	32.59	76.60	37.60	88.36	Both	Yes	No	73-265
Nevada														
Health Plan of Nevada	NM	1	2	Las Vegas area	(702) 646-8350	MMP	31.93	75.03	39.40	96.33	Both	Yes	Yes	73-129
New Hampshire														
Harvard Community Health Plan	68	1	2	Southern New Hampshire	(617) 739-6161	GPP	53.26	207.93	47.67	200.20	Both	Yes	No	73-21
Healthsource New Hampshire	J2	1	2	New Hampshire	(800) 531-3121	IPP	37.38	170.86	44.39	202.06	Both	No	No	73-312
Kaiser Massachusetts	K1	1	2	Southwestern New Hampshire	(413) 256-0151	GPP	39.87	93.29	52.41	121.55	Both	Yes	No	73-86

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number Ri
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
New Hampshire (cont.)														
Matthew Thornton	NX	1	2	South Central New Hampshire	1-800-544-8333	GPP	32.31	112.49	39.80	156.02	Both	No	No	73-76
Medical East CHP	JT	1	2	Southeast New Hampshire Towns	(508) 683-9177	GPP	41.62	165.36	53.39	202.95	Both	No	No	73-112
U.S. Healthcare-Massachusetts	NE	1	2	Salem, New Hampshire area	1-800-537-9384	IPP	35.80	133.83	40.73	158.84	Both	Yes	No	73-526
New Jersey														
CoMED HMO	P4	1	2	All of New Jersey	(201) 361-8808	IPP	32.41	108.42	39.76	153.35	Both	Yes	No	73-87
GHI Health Plan	80	1	2	Northern New Jersey	(201) 623-6000	IPP	30.55	93.99	32.69	90.37	HHC	Yes	Yes	73-7
Greater Atlantic Health Service	27	1	2	Camden/Burl/Glou Cos.	(215) 823-8610	GPP	27.53	72.10	31.35	82.09	Both	No	No	73-40
GroupHealth Partnership	49	1	2	Philadelphia Suburbs	(215) 238-9880	MMP	29.75	76.08	28.92	73.48	Both	Yes	Yes	73-545
Healthways	PC	1	2	All of New Jersey	(800) 223-0812	IPP	47.67	192.66	41.33	172.01	Both	No	No	73-127
HIP of New Jersey	P9	1	2	Northern and Southern New Jersey	(609) 654-9424	GPP	32.30	104.06	37.86	117.37	Both	Yes	No	73-84
Medigroup HMO	E4	1	2	All of New Jersey	(201) 593-6136	MMP	33.26	119.45	56.25	206.85	Both	No	Yes	73-393
Oxford Health Plans/New Jersey	GD	1	2	Northern New Jersey	(800) 444-6222	IPP	30.44	106.68	33.31	88.75	Both	Yes	No	73-466
PruCare New Jersey	PB	1	2	All of New Jersey	(800) 422-7399	IPP	36.39	200.72	39.62	193.57	Both	No	Yes	73-73
Rutgers Community Health Plan	PA	1	2	Central and Northern New Jersey	(908) 560-9898	GPP	32.81	82.81	37.86	117.37	Both	Yes	No	73-57
Sanus New York/New Jersey	HK	1	2	New York/New Jersey Metro area	(800) 338-8113	IPP	27.20	73.45	29.01	78.32	Both	Yes	No	73-468
US Healthcare/NJ (High)	P3	1	2	State of New Jersey	1-800-537-9384	IPP	35.35	129.39	48.40	192.16	Both	Yes	No	73-116
US Healthcare/NJ (Stnd)	P3	4	5	State of New Jersey	1-800-537-9384	IPP	29.83	79.39	38.92	141.70	Both	No	No	73-116
New Mexico														
FHP/New Mexico	P2	1	2	Albuquerque area	(505) 881-7900	MMP	28.39	73.39	33.83	87.56	Both	Yes	No	73-563
Lovelace Health Plan	Q1	1	2	Albuquerque/Santa Fe	(505) 262-7363	GPP	25.94	67.45	27.24	70.83	Both	No	Yes	73-79
Qual-Med New Mexico	PX	1	2	Greater Albuquerque/Santa Fe areas	(505) 889-8800	IPP	33.58	105.49	34.13	88.76	Both	Yes	Yes	73-251
New York														
Blue Choice of New York	MK	1	2	Rochester area	(716) 454-4810	IPP	24.89	63.78	25.98	66.64	Both	No	No	73-510
BlueCare Plus	AH	1	2	Greater Utica/Rome & So. Tier areas	(315) 798-4396	IPP	36.59	122.26	51.31	172.77	Both	No	No	73-460
Capital District Physicians HP	SG	1	2	Capital District area	(518) 452-1941	IPP	31.49	94.62	35.46	121.46	Both	No	No	73-549
ChoiceCare	J6	1	2	Queens/Nassau/Suffolk Counties	(516) 222-1460	IPP	28.43	74.80	37.33	120.25	Both	No	No	73-294
Community Blue	J7	1	2	Western New York	(716) 884-2800	IPP	29.70	79.07	29.66	78.29	Both	No	No	73-298
Community Health Plan	PW	1	2	Capital Area/Central N.E. NY	(518) 783-1864	MMP	31.46	85.93	34.44	89.43	Both	No	No	73-53
Empire BC/BS HEALTHNET/Cap/AD	S1	1	2	Catskills/NE NY Adirondacks	(800) 356-0086	MMP	26.98	70.85	36.92	116.50	Both	No	No	73-33
Empire BC/BS HEALTHNET/Subrb	S7	1	2	Suburban/Metro	(800) 356-0086	MMP	32.67	90.26	52.02	185.01	Both	No	No	73-33
Empire BC/BS HLTHNET/Cap/MHu	S2	1	2	Capitol Dist./Mid-Hudson	(800) 356-0086	MMP	29.62	76.87	40.55	149.35	Both	No	No	73-33
Empire BC/BS HLTHNET/Manhattan	15	1	2	Manhattan	(800) 356-0086	MMP	32.57	89.85	55.12	193.65	Both	No	No	73-33
Foundation Health Plan	CE	1	2	Southern Tier	(607) 754-3380	IPP	38.14	139.47	42.73	156.17	Both	No	No	73-461
GHI Health Plan	80	1	2	New York State	(212) 760-6425	IPP	30.55	93.99	32.69	90.37	HHC	Yes	Yes	73-7
Group Health of New York	21	1	2	Rochester area	(716) 325-3630	GPP	26.42	67.10	24.83	64.14	Both	No	Yes	73-35

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New York (cont.)														
Health Care Plan	Q8	1	2	Buffalo area	(716) 847-1480	GPP	23.37	62.23	27.73	73.79	Both	No	No	73-71
HealthShield	QB	1	2	Dutchess/Orange/Ulster/Putnam Cos.	(914) 471-2368	MMP	35.12	125.23	37.31	124.91	Both	No	No	73-136
Healthways	PC	1	2	Metropolitan New York	(800) 223-0812	IPP	47.67	192.66	41.33	172.01	Both	No	No	73-127
HIP of New York	51	1	2	Greater New York area	1-800-HIP-TALK	GPP	28.79	79.61	34.39	93.86	Both	No	No	73-1
Independent Health Association	C1	1	2	Hudson Valley New York	(914) 631-0939	IPP	34.67	123.48	37.93	129.33	Both	No	No	73-103
Independent Health Association	QA	1	2	Western New York	(716) 631-5392	IPP	24.17	67.65	25.90	72.50	Both	No	No	73-103
Independent Prepaid Health Plan	EB	1	2	Central New York area	(315) 638-4900	IPP	47.02	165.25	47.73	172.44	Both	No	No	73-462
Kaiser New York	QH	1	2	Westchester County	(914) 682-0025	GPP	31.88	78.12	39.47	87.23	Both	Yes	No	73-55
Mid-Hudson Health Plan	F4	1	2	Hudson Valley area	(914) 338-0202	IPP	26.23	68.27	33.12	86.21	Both	No	No	73-464
Mohawk Valley Health Plan	GA	1	2	Eastern Region	(518) 370-4793	IPP	36.65	130.89	40.41	140.61	Both	No	No	73-465
Mohawk Valley Health Plan	M9	1	2	Central and Northern Region	(800) 777-4793	IPP	27.63	70.64	32.20	82.29	Both	No	No	73-465
Mohawk Valley Health Plan	MX	1	2	Mid-Hudson Region	(914) 473-1762	IPP	36.46	128.91	39.29	129.22	Both	No	No	73-465
Oxford Health Plans/New York	GC	1	2	Metropolitan New York	(800) 444-6222	IPP	32.89	128.20	40.16	155.48	Both	Yes	No	73-466
PHP/Slocum Dickson Medical Network	SH	1	2	Utica area	(315) 797-1171	GPP	00.00	00.00	34.68	87.75	Both	No	No	73-560
Physicians Health Services/NY	PD	1	2	Westchester County	(800) 732-5357	IPP	34.73	119.99	38.19	127.59	Both	No	No	73-531
Preferred Care	GV	1	2	Rochester area	(716) 325-3113	IPP	26.93	68.84	26.78	68.39	Both	No	No	73-467
Prepaid Health Plan	QE	1	2	Syracuse area	(315) 638-2133	GPP	30.66	79.74	34.49	89.71	Both	Yes	No	73-98
Sanus New York/New Jersey	HK	1	2	New York/New Jersey Metro area	(718) 899-3600	IPP	27.20	73.45	29.01	78.32	Both	Yes	No	73-468
TOTAL HEALTH	HU	1	2	Metropolitan New York	(516) 466-1000	IPP	27.14	73.99	30.83	84.03	Both	No	No	73-469
US Healthcare-New York	JC	1	2	Metropolitan New York	1-800-537-9384	IPP	30.57	79.82	36.38	90.81	Both	Yes	No	73-365
North Carolina														
Kaiser North Carolina	QT	1	2	Triangle area/Charlotte	(919) 878-9870	GPP	29.43	75.76	33.52	86.34	Both	No	No	73-240
Maxicare North Carolina	Q5	1	2	Charlotte, Greensboro and Raleigh	(800) 822-0012	MMP	31.98	94.40	37.21	119.42	Both	No	Yes	73-227
PruCare of Charlotte	Q4	1	2	Portions of North Carolina	(704) 365-6070	GPP	23.76	66.53	28.58	80.04	Both	No	No	73-340
North Dakota														
Heart of America HMO	RU	1	2	Northcentral North Dakota	(701) 776-5848	GPP	24.12	62.60	28.34	73.57	Both	No	Yes	73-543
Physicians Health Plan of Minnesota	M1	1	2	Fargo / Moorehead area	1-800-328-9609	IPP	32.09	104.73	26.15	71.02	Both	Yes	No	73-169
Ohio														
CIGNA Ohio	AT	1	2	Central Ohio	(800) 541-7526	IPP	36.93	118.12	41.22	131.38	Both	No	No	73-471
Community Health Plan	PW	1	2	Southwestern Ohio	(800) 854-4006	MMP	31.46	85.93	34.44	89.43	Both	No	No	73-53

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	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Ohio (cont.)														
Health Guard	MA	1	2	Portions of Ohio	(614) 676-4623	MMP	26.35	68.18	31.98	82.72	Both	No	No	73-504
Health One	R4	1	2	Columbus area	(614) 451-1551	GPP	30.81	77.02	32.31	80.78	Both	No	Yes	73-99
Health Plan of the Upper Ohio Valley	U4	1	2	Upper Ohio Valley	(614) 695-3585	IPP	0.00	0.00	26.66	67.17	Both	No	No	73-553
HealthOhio, Inc.	RF	1	2	Marion area	(614) 387-6355	IPP	26.04	70.39	30.67	84.94	Both	Yes	No	73-56
HHP/Licking Memorial	MG	1	2	Licking County/Newark	(614) 366-0533	IPP	30.15	80.32	31.96	83.20	Both	No	No	73-508
HMO Health Ohio	L4	1	2	Northern Ohio area	(800) 634-0977	MMP	29.92	76.14	38.19	118.12	Both	Yes	No	73-157
HMP/OHIO	R5	1	2	Portions of Ohio	1-800-342-5467	MMP	34.61	112.56	39.11	130.15	Both	Yes	No	73-31
Kaiser Ohio/Akron	CS	1	2	Akron area	(216) 621-5600	GPP	27.74	66.61	34.73	82.29	Both	No	No	73-17
Kaiser Ohio/Cleveland	64	1	2	Cleveland area	(216) 621-5600	GPP	30.89	79.11	37.18	110.84	Both	No	No	73-17
Lincoln National Health Plan	R8	1	2	Cincinnati/Dayton areas	(513) 772-7325	MMP	34.47	93.90	37.26	92.56	Both	Yes	Yes	73-254
MagnaCare Health Plan	RE	1	2	Greater Cincinnati area	(513) 961-4300	MMP	29.23	84.04	32.69	95.94	Both	No	Yes	73-537
Medical Value Plan	EV	1	2	Greater Toledo area	(419) 244-2902	MMP	35.54	140.01	41.30	223.08	Both	No	No	73-473
PARTNERS Health Plan of Northern Ohio	RD	1	2	Northern Ohio	(216) 486-8979	IPP	35.81	124.84	44.16	169.65	Both	No	No	73-273
Personal Physician Care	PL	1	2	Cleveland Metro area	(216) 687-0015	IPP	0.00	0.00	33.53	84.49	Both	No	Yes	73-557
PruCare-Central Ohio	AY	1	2	Columbus area	(614) 431-5601	GPP	30.13	80.96	36.08	108.18	Both	No	No	73-339
Western Ohio Health Care Plan	RH	1	2	Dayton/Springfield area	(513) 439-8903	IPP	36.68	95.81	40.05	145.88	Both	Yes	No	73-539
Oklahoma														
BlueLincs HMO-Oklahoma City	N5	1	2	Oklahoma City area	(405) 841-9777	IPP	29.66	82.59	33.22	89.33	Both	No	Yes	73-267
BlueLincs HMO-Tulsa	RX	1	2	Greater Tulsa area	(918) 561-9933	IPP	53.13	160.81	62.40	165.62	Both	No	Yes	73-267
EQUICOR Oklahoma City	RT	1	2	Oklahoma City area	(405) 943-7711	MMP	31.11	88.85	33.86	90.54	Both	No	No	73-216
PacifiCare	PE	1	2	Oklahoma City area	(800) 545-0389	GPP	28.90	76.94	34.44	100.92	Both	Yes	No	73-530
PacifiCare of Oklahoma	N1	1	2	Tulsa area	(918) 496-8181	GPP	29.84	80.13	36.56	119.77	Both	Yes	No	73-396
PruCare of Oklahoma City	RR	1	2	Oklahoma City area	(405) 942-2200	GPP	35.04	136.48	33.88	82.87	Both	No	Yes	73-108
PruCare of Tulsa	RS	1	2	Tulsa area	(918) 624-4733	GPP	34.74	131.28	32.67	88.21	Both	No	Yes	73-118
Oregon														
Kaiser Northwest (High)	57	1	2	Portland/Salem	(503) 721-2000	GPP	32.20	89.83	40.04	109.00	Both	Yes	No	73-4
Kaiser Northwest (Stnd)	57	4	5	Portland/Salem	(503) 721-2000	GPP	26.36	64.06	30.23	75.78	Both	No	No	73-4
PacifiCare of Oregon	SS	1	2	Portland/Salem/Corvallis	(503) 620-9324	GPP	24.93	65.96	30.59	79.90	Both	No	No	73-362
Qual-Med Oregon	AF	1	2	Portland area	(503) 222-5217	IPP	35.09	123.84	37.08	116.04	Both	No	No	73-327
SelectCare	SD	1	2	Eugene/Springfield/Albany	(503) 485-1850	IPP	31.43	90.65	41.98	160.63	Both	No	No	73-83
Pennsylvania														
Central Medical Health Plan	24	1	2	Pittsburgh area	(412) 471-6877	MMP	28.99	78.30	33.22	89.70	Both	No	Yes	73-42
Delaware Valley HMO	SN	1	2	Southeastern Pennsylvania	(215) 358-5454	IPP	28.87	74.88	35.75	98.23	Both	Yes	No	73-65
Foundation Health Plan	CE	1	2	NY Southern Tier	(607) 754-3380	IPP	38.14	139.47	42.73	156.17	Both	No	No	73-461
Free State Health Plan	LD	1	2	Portions of Southern PA	(301) 964-8168	MMP	33.93	129.43	37.09	135.46	Both	Yes	No	73-146
Freedom Health Care	CT	1	2	Harrisburg area	(800) 247-8452	MMP	0.00	0.00	35.48	89.35	Both	No	Yes	73-478

ABBREVIATIONS: ECF — Extended Care Facility
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MMP — Mixed Model Plan

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Prepaid Plans (Commonly referred to as CMP/HMOs)

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- Every CMP/HMO provides physicals and immunizations as well as prescription drug benefits.
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- Every CMP/HMO provides benefits for mental conditions/substance abuse inpatient and outpatient services. However, benefits are limited to short-term care, generally 30 to 45 days of inpatient care and 20 to 35 outpatient visits per calendar year, depending on the plan. You typically share costs to benefit limits. Although the Comparison Chart doesn't include CMP/HMO mental conditions/substance abuse benefits information, you can find the information in the plan brochures.
- Most CMP/HMOs provide hospice care benefits.

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Pennsylvania (cont.)														
Freedom Health Care	KJ	1	2	Philadelphia and Reading area	(800) 822-0505	MMP	29.03	77.09	35.28	102.24	Both	No	Yes	73-478
Geisinger Health Plan	N9	1	2	Central, Northeast Pennsylvania	(800) GHP-4000	MMP	20.59	65.73	22.00	70.23	Both	No	No	73-303
Greater Atlantic Health Service	27	1	2	Southeast Pennsylvania	(215) 823-8610	GPP	27.53	72.10	31.35	82.09	Both	No	No	73-40
GroupHealth Partnership	49	1	2	Portions of Philadelphia	(215) 238-9880	MMP	29.75	76.08	28.92	73.48	Both	Yes	Yes	73-545
HealthAmerica Pennsylvania	26	1	2	Pittsburgh area	(412) 553-7300	MMP	26.46	72.43	29.28	81.96	Both	Yes	Yes	73-255
HealthAmerica Pennsylvania	SW	1	2	Central Pennsylvania	(717) 763-9313	MMP	24.73	67.01	28.60	77.50	Both	Yes	Yes	73-255
HealthGuard of Lancaster	NQ	1	2	Lancaster County	(717) 560-9049	IPP	24.08	62.06	26.21	71.30	Both	No	No	73-311
HMO Northeastern Pennsylvania	C8	1	2	Northeastern Pennsylvania	(800) 822-8753	IPP	25.80	65.10	28.30	72.76	Both	Yes	No	73-480
Independent Health/PA	D8	1	2	Erie County Pennsylvania	(814) 453-5090	IPP	27.12	79.98	32.71	113.31	Both	No	No	73-481
Keystone Health Plan Central	S4	1	2	Harrisburg area	1-800-622-2843	IPP	24.58	61.66	30.98	77.71	Both	No	No	73-241
Keystone Health Plan Central	ST	1	2	Lehigh Valley area	1-800-622-2843	IPP	25.49	68.40	30.16	80.96	Both	No	No	73-241
Keystone Health Plan East	ED	1	2	Greater Philadelphia area	(215) 668-3080	IPP	24.38	63.28	28.85	74.83	Both	Yes	Yes	73-483
Keystone Health Plan West	EF	1	2	Pittsburgh area	(412) 937-4330	IPP	25.90	72.54	32.60	92.62	Both	No	No	73-484
Medigroup HMO	E4	1	2	Portion of Lower Bucks County	(609) 259-5965	MMP	33.26	119.45	56.25	206.85	Both	No	Yes	73-393
PARTNERS Health Plan	GL	1	2	Five County/Philadelphia area	1-800-876-5000	IPP	28.13	75.58	33.58	87.56	Both	Yes	No	73-485
Riverside Health Plan	HG	1	2	Beaver Valley area in Southwest PA	(412) 775-4404	IPP	28.06	74.23	31.71	83.42	Both	No	No	73-487
US Healthcare/PA (High)	SU	1	2	Southeastern/Southwestern PA	1-800-537-9384	IPP	31.68	102.46	36.00	120.81	Both	Yes	No	73-52
US Healthcare/PA (Stnd)	SU	4	5	Southeastern/Southwestern PA	1-800-537-9384	IPP	25.70	71.32	29.73	82.58	Both	No	No	73-52
US Healthcare/PA (Pitt.) (High)	KL	1	2	Pittsburgh area	1-800-537-9384	IPP	30.78	94.98	33.26	94.14	Both	Yes	No	73-52
US Healthcare/PA (Pitt.) (Stnd)	KL	4	5	Pittsburgh area	1-800-537-9384	IPP	25.93	71.34	29.01	79.78	Both	No	No	73-52
Vista Health Plan	H2	1	2	Southeast PA & Philadelphia	(215) 277-4800	IPP	25.17	69.54	31.57	87.27	Both	Yes	No	73-488
Puerto Rico														
Health Plus of Puerto Rico	ME	1	2	Puerto Rico	(809) 782-7900	IPP	20.77	50.56	22.34	54.37	Both	No	No	73-507
SSS Plan	89	1	2	Puerto Rico	(809) 749-4777	IPP	22.28	49.49	22.28	49.49	Both	Yes	No	73-16
Rhode Island														
Harvard Community Health Plan	68	1	2	Northern Rhode Island	(617) 739-6161	GPP	53.26	207.93	47.67	200.20	Both	Yes	No	73-21
HMO Rhode Island	DA	1	2	Rhode Island	(401) 274-6674	MMP	31.24	75.39	39.42	107.81	Both	No	No	73-489
RIGHA	70	1	2	Rhode Island	(401) 331-4034	GPP	91.09	256.27	46.13	143.82	Both	No	No	73-23
South Carolina														
Companion Health Care	SE	1	2	Portions of South Carolina	1-800-868-2528	IPP	26.15	70.62	30.75	83.03	Both	Yes	No	73-548

Plan Name and Option	Enrollment Code			General Location	Plan Telephone Number	Plan Type	Premium You Paid in 1990		Premium You Will Pay in 1991		Other Benefit Features			Brochure Number RI
	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
South Carolina (cont.)														
Healthsource South Carolina	M3	1	2	Charleston area	(803) 723-5520	IPP	34.52	103.59	38.81	118.02	Both	No	No	73-536
Maxicare North Carolina	Q5	1	2	Chester and York Counties	(800) 822-0012	MMP	31.98	94.40	37.21	119.42	Both	No	Yes	73-227
Maxicare South Carolina	TA	1	2	Columbia/Greenville/Spartanburg	(800) 334-6294	MMP	37.28	113.40	39.77	105.95	Both	No	No	73-180
PruCare-Charlotte	Q4	1	2	York County	(704) 365-6070	GPP	23.76	66.53	28.58	80.04	Both	No	No	73-340
Tennessee														
EQUICOR Tennessee	SR	1	2	Memphis area	(915) 683-3311	IPP	0.00	0.00	39.51	125.69	Both	No	No	73-356
EQUICOR Tennessee	SZ	1	2	Nashville area	(615) 373-9363	IPP	44.94	157.56	57.18	190.92	Both	No	No	73-356
PruCare of Memphis	UB	1	2	Shelby County	(901) 766-7908	GPP	27.63	85.52	34.48	124.69	Both	No	Yes	73-122
PruCare of Nashville	UA	1	2	Nashville area	(615) 248-7156	GPP	36.31	87.34	37.55	102.87	Both	No	Yes	73-92
Tennessee First	HT	1	2	Knoxville area	(615) 546-2529	IPP	27.79	94.29	29.51	89.90	Both	No	No	73-491
Texas														
CIGNA Healthplan of Texas-Dallas	UG	1	2	Dallas/Ft. Worth area	(214) 401-5310	MMP	35.29	149.61	44.78	139.70	Both	Yes	No	73-119
CIGNA Healthplan of Texas-Houston	UH	1	2	Houston area	(713) 552-7600	MMP	40.93	188.22	44.68	207.35	Both	No	No	73-124
Coastal Bend Health Plan	T5	1	2	Corpus Christi area	(512) 887-0101	IPP	34.74	179.42	34.70	153.57	Both	No	No	73-299
EQUICOR Houston	V1	1	2	Houston area	(713) 623-0244	IPP	43.53	195.54	52.89	230.34	Both	Yes	No	73-271
FIRSTCARE	CK	1	2	Potter/Rndll/Crsn/Armstrng Cos.	(806) 358-5151	IPP	40.65	93.53	76.71	169.24	Both	No	No	73-496
Harris Methodist Health Plan	SC	1	2	Ft. Worth/Dallas Metroplex	(817) 878-5880	IPP	42.19	97.89	68.53	148.20	Both	No	No	73-547
Humana Care Plan	UR	1	2	San Antonio area	(512) 558-1009	MMP	28.75	73.87	32.89	84.54	Both	Yes	No	73-70
Humana of Corpus Christi	TX	1	2	Corpus Christi area	(512) 994-2000	IPP	27.17	83.57	31.18	104.17	Both	No	No	73-237
Humana of San Antonio	TZ	1	2	San Antonio area	(512) 558-1009	IPP	31.69	128.87	39.59	192.96	Both	No	No	73-236
Kaiser Texas	UK	1	2	Dallas/Ft. Worth area	(214) 458-5000	GPP	31.31	84.71	34.54	94.81	Both	No	No	73-63
PacifiCare of Texas	GF	1	2	San Antonio area	(512) 641-7838	MMP	29.24	83.70	32.24	90.29	Both	No	No	73-498
PCA Health Plans of Texas	TW	1	2	Austin/Waco/Temple/Bryan/College Station	1-800-234-7912	IPP	34.63	138.90	36.18	123.97	Both	No	No	73-198
PruCare Austin	UN	1	2	Austin area	(512) 465-6661	GPP	35.38	137.95	31.55	85.11	Both	No	Yes	73-91
PruCare Houston	UP	1	2	Houston Metro area	(713) 993-3801	GPP	33.93	149.61	26.42	76.83	Both	Yes	Yes	73-48
SANUS New York Life	UM	1	2	Greater Houston area	(713) 993-9520	MMP	36.98	140.81	39.71	143.39	Both	No	No	73-120
SANUS Texas Health Plan	V2	1	2	Dallas/Ft. Worth Metroplex	(214) 929-0376	IPP	30.59	76.95	35.48	89.27	Both	Yes	No	73-264
Scott and White Health Plan	UF	1	2	Bryan/College Station/Temple/Killeen/Waco	(817) 774-4000	GPP	36.16	131.08	35.85	98.78	Both	No	No	73-102
Utah														
FHP/Utah	KU	1	2	Ogden/Salt Lake area	(801) 355-1234	GPP	32.44	131.34	32.86	107.59	Both	Yes	No	73-564
Vermont														
Community Health Plan	PW	1	2	Parts of Vermont	(802) 864-0693	MMP	31.46	85.93	34.44	89.43	Both	No	No	73-53
Harvard Community Health Plan	68	1	2	Southern Vermont	(617) 739-6161	GPP	53.26	207.93	47.67	200.20	Both	Yes	No	73-21
Kaiser Massachusetts	K1	1	2	Southeastern Vermont	(413) 256-0151	GPP	39.87	93.29	52.41	121.55	Both	Yes	No	73-86

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	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Virginia														
AETNA HEALTH PLAN (High)	V8	1	2	Northern Virginia	1-800-537-5096	IPP	49.75	158.27	38.90	134.87	Both	Yes	No	73-250
AETNA HEALTH PLAN (Stnd)	V8	4	5	Northern Virginia	1-800-537-5096	IPP	36.34	110.00	35.65	101.64	Both	Yes	No	73-250
CapitalCare	E6	1	2	Northern Virginia	(703) 761-5599	IPP	55.58	173.89	63.05	197.01	Both	Yes	No	73-196
EQUICOR Virginia/Central VA	W3	1	2	Central Virginia	(804) 273-1150	IPP	32.16	100.53	34.93	101.48	Both	Yes	Yes	73-270
EQUICOR Virginia/Southeastern VA	W2	1	2	Southeastern Virginia	(804) 498-1555	IPP	32.91	108.46	36.01	112.90	Both	Yes	Yes	73-270
George Washington Univ HP (High)	E5	1	2	Washington, D.C. area	(202) 416-0400	MMP	36.37	105.97	54.36	119.55	Both	Yes	No	73-46
George Washington Univ HP (Stnd)	E5	4	5	Washington, D.C. area	(202) 416-0400	MMP	29.73	71.08	33.93	72.78	Both	Yes	No	73-46
Group Health Association (High)	50	1	2	Northern Virginia	(202) 966-4357	GPP	44.81	126.29	49.98	147.46	Both	Yes	No	73-8
Group Health Association (Stnd)	50	4	5	Northern Virginia	(202) 966-4357	GPP	25.35	64.64	27.92	71.88	Both	Yes	No	73-8
Healthplus (High)	JN	1	2	D.C. Metro area	(301) 441-1600	IPP	33.04	75.62	35.62	81.92	Both	Yes	No	73-67
Healthplus (Stnd)	JN	4	5	D.C. Metro area	(301) 441-1600	IPP	25.30	57.82	27.88	64.13	Both	Yes	No	73-67
HMO Virginia/Hampton Roads	V7	1	2	Hampton Roads area	(804) 421-1880	MMP	30.57	94.66	33.08	102.83	Both	No	No	73-235
HMO Virginia/Richmond	X8	1	2	Richmond area	(804) 358-7390	MMP	29.32	80.28	31.77	88.57	Both	No	No	73-235
Kaiser/Mid-Atlantic	E3	1	2	Washington, D.C. area	(202) 364-3400	GPP	30.92	79.18	33.72	86.63	Both	Yes	No	73-47
Lincoln National Health Plan	DS	1	2	Northern Virginia	1-800-782-0622	IPP	34.93	98.41	41.97	138.75	Both	Yes	No	73-442
M.D. IPA	JP	1	2	D.C. and Baltimore Metro areas	(301) 294-5100	IPP	25.74	72.73	27.87	78.72	Both	Yes	Yes	73-100
OPTIMA (High)	V9	1	2	Tidewater area	(804) 455-7410	IPP	52.65	119.77	76.16	171.84	Both	Yes	No	73-253
OPTIMA (Stnd)	V9	4	5	Tidewater area	(804) 455-7410	IPP	28.20	61.87	24.60	101.61	Both	Yes	No	73-253
Physicians CareFirst	X9	1	2	D.C. Metro area	(703) 525-0602	IPP	48.95	145.75	43.42	135.83	Both	Yes	No	73-331
PruCare of Washington, D.C.	HD	1	2	Washington, D.C. area	1-800-648-4483	IPP	54.41	179.96	56.61	160.31	Both	No	Yes	73-413
PruCare Richmond	V6	1	2	Richmond area	(804) 323-0900	MMP	31.45	99.71	33.46	92.80	Both	No	Yes	73-132
Sentara Health Plan	V5	1	2	Peninsula/Southside Hampton Roads	(804) 229-1199	MMP	47.06	107.46	56.29	121.14	Both	Yes	No	73-228
Washington														
Group Health Cooperative (High)	54	1	2	Puget Sound area	(206) 448-4140	MMP	36.58	107.36	41.01	121.24	HHC	Yes	No	73-12
Group Health Cooperative (Stnd)	54	4	5	Puget Sound area	(206) 448-4140	MMP	26.07	60.35	31.67	73.32	HHC	No	No	73-12
Group Health Northwest	VR	1	2	Spokane Tri Cities/Yakima/Ellensburg	(509) 783-3484	MMP	29.92	76.03	35.55	90.70	Both	Yes	Yes	73-96
Kaiser Northwest (High)	57	1	2	Vancouver/Longview	(503) 721-2000	GPP	32.20	89.83	40.04	109.00	Both	Yes	No	73-4
Kaiser Northwest (Stnd)	57	4	5	Vancouver/Longview	(503) 721-2000	GPP	26.36	64.06	30.23	75.78	Both	No	No	73-4
Kitsap Physicians Service (High)	VT	1	2	Kitsap, Mason, Jefferson Counties	1-800 552-7114	IPP	80.23	169.54	81.55	172.14	Both	No	No	73-51
Kitsap Physicians Service (Stnd)	VT	4	5	Kitsap, Mason, Jefferson Counties	1-800 552-7114	IPP	28.70	61.30	32.73	69.91	Both	Yes	No	73-51

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	Plan Code	Self Only	Self & Family				Self Only	Self & Family	Self Only	Self & Family	ECF and/or HHC	Dental Care	Chiro-prac-tor	
Washington (cont.)														
Pacific Health	WB	1	2	King, Snohomish and Kitsap Counties	(206) 326-4645	MMP	20.82	61.39	34.88	139.01	Both	No	No	73-329
PacifiCare of Oregon	SS	1	2	Clark County	(503) 620-9324	GPP	24.93	65.96	30.59	79.90	Both	No	No	73-362
Qual-Med Oregon	AF	1	2	Clark County	(503) 222-5217	IPP	35.09	123.84	37.08	116.04	Both	No	No	73-327
Qual-Med Washington	TM	1	2	Washington State/Northern Idaho	(206) 889-3000	IPP	29.65	75.66	29.76	77.40	Both	No	No	73-287
SelectCare	SD	1	2	Cowlitz & Wahkiakum Counties	(206) 577-4419	IPP	31.43	90.65	41.98	160.63	Both	No	No	73-83
West Virginia														
Free State Health Plan	LD	1	2	Portions of Northeastern WV	(301) 964-8168	MMP	33.93	129.43	37.09	135.46	Both	Yes	No	73-146
Health Guard	MA	1	2	Portions of West Virginia	(614) 676-4623	MMP	26.35	68.18	31.98	82.72	Both	No	No	73-504
Health Plan of the Upper Ohio Valley	U4	1	2	Upper Ohio Valley	(614) 695-3585	IPP	0.00	0.00	26.66	67.17	Both	No	No	73-553
Wisconsin														
Chicago HMO Ltd	FJ	1	2	Kenosha area	(312) 751-4460	MMP	27.76	80.50	35.64	140.87	Both	Yes	Yes	73-199
Compcare Health Services	69	1	2	Southeastern Wisconsin	(414) 226-6744	MMP	31.94	88.66	37.00	112.60	Both	Yes	Yes	73-22
DeanCare HMO	WD	1	2	South/Central Wisconsin	(608) 836-1400	GPP	29.86	80.60	31.71	85.63	Both	No	Yes	73-189
Family Health Plan	WH	1	2	Metropolitan Milwaukee area	(414) 256-0040	GPP	28.33	73.81	32.06	83.52	Both	Yes	Yes	73-81
Greater Marshfield Health Plan	WY	1	2	Marshfield and surrounding counties	(800) 472-2363	MMP	100.62	230.38	100.75	231.70	Both	Yes	Yes	73-38
Group Health Coop of Eau Claire	WT	1	2	Barron, Chippewa & Eau Claire Cos.	(715) 836-8552	GPP	0.00	0.00	35.89	101.85	Both	No	Yes	73-552
Group Health Coop/SC Wisconsin	WJ	1	2	Madison, Wisconsin & surrounding area	(608) 251-3356	GPP	26.54	70.84	30.58	81.62	Both	Yes	Yes	73-61
HMO Midwest	CV	1	2	West Central & Northwestern Wisconsin	(800) 535-4041	IPP	26.04	76.99	29.01	85.73	Both	No	Yes	73-454
HMO of Wisconsin	W4	1	2	Southern/Central Wisconsin	(300) 362-3308	IPP	32.20	97.45	34.26	90.80	Both	No	Yes	73-317
Maxicare Wisconsin	WG	1	2	Milwaukee area	(414) 271-6865	MMP	33.06	107.14	33.50	88.11	Both	Yes	Yes	73-179
Physicians Plus HMO	29	1	2	South/Central Wisconsin	(608) 221-9623	MMP	0.00	0.00	34.91	90.78	Both	No	Yes	73-559
Samaritan Health Plan	WK	1	2	Milwaukee area	(414) 277-9000	IPP	37.02	138.12	35.97	90.44	Both	Yes	Yes	73-172
U-Care HMO	WC	1	2	Dane County area	(608) 833-6666	MMP	0.00	0.00	30.64	81.56	Both	Yes	Yes	73-562
Wisconsin Health Organization	X1	1	2	Southeastern Wisconsin	(414) 527-9950	IPP	29.32	76.25	32.50	84.51	Both	No	Yes	73-367

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